


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90141 033 ***150.00

DOCUMENT # P94000081767

1. Entity Name
BOGARDUS EQUIPMENT & SUPPLIES CORP.



Principal Place of Business: **11117 WEST OKEECHOBEE ROAD., STE 210 HIALEAH GARDENS, FL 33018**

Mailing Address: **11117 WEST OKEECHOBEE ROAD., STE 210 HIALEAH GARDENS, FL 33018**

2. Principal Place of Business: **11115 W. Okee Rd**

3. Mailing Address: **11115 W. Okee Rd**

Suite, Apt. #, etc: **#12**

City & State: **Hialeah Gardens**


City & State: **Hialeah Gardens**

Zip: **33018** Country: **USA**

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6. Name and Address of Current Registered Agent

BOGARDUS, NEVILLE
11117 WEST OKEECHOBEE ROAD., STE 210
HIALEAH GARDENS, FL 33018



02222005 Chg-P CR2E034 (10/03)

4. FEI Number: **65-0533305** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required:

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): **11115 W. Okee Rd**

Suite, Apt. #, etc: **#12**

City: **Hialeah Gardens** FL Zip Code: **33018**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGARDUS, NEVILLE <input type="checkbox"/> Delete 11117 WEST OKEECHOBEE ROAD., STE 210 HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11115 W. Okee Rd #12 Hialeah Gardens FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Date: 3/10/05 Daytime Phone #: (305) 556-1026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR