


Feb 07,
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**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000002006		
1. Entity Name GEOFFREY BODDEN & ASSOCIATES, INC.		
Principal Place of Business 6337 JACK WRIGHT ISLAND ROAD ST. AUGUSTINE, FL 32092	Mailing Address 6337 JACK WRIGHT ISLAND ROAD ST. AUGUSTINE, FL 32092	
DO NOT WRITE IN THIS SPACE		
02042005 No Chg-P CR2E034 (10/03)		4. FEI Number 59-3354298
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
BODDEN, GEOFFREY 6337 JACK WRIGHT ISLAND RD. ST. AUGUSTINE, FL 32092		DO NOT WRITE IN THIS SPACE
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 reissuing) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	DP	DO NOT WRITE IN THIS SPACE
NAME	BODDEN, GEOFFREY	
STREET ADDRESS	6337 JACK WRIGHT ISLAND RD.	
CITY-ST-ZIP	ST. AUGUSTINE, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u>Geoffrey Bodden</u>		2/04/05 904-284-4061
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #