2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000035240

ALAN BOIKO COMPANY

FILED Mar 19, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

6438 WATER CREST WAY

BRADENTON, FL 34202 US

6438 WATER CREST WAY

BRADENTON, FL 34202 US



03092008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0832621 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIOKO, ALAN 6438 WATER CREST WAY

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#302 BRADENTON, FL 34202				IN THIS SPACE					
	tions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept				
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when rematating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finantifust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS			<u>' </u>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOIKO, ALAN B 6438 WATER CREST WAY #302 BRADENTON, FL 34202								
TITLE NAME STREET ADDRESS CITY-S1-ZIP	V BOIKO, GINA M 6438 WATER CREST WAY #302 BRADENTON, FL 34202				000000863977 04/03/08-80113-008 150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE				
TITLE NAME									

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

C	M	AT	-11	D	亡.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN