

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 232200

1. Entity Name
THE BODEN CO.



Principal Place of Business
**10445 49TH ST N
CLEARWATER, FL 33762 US**

Mailing Address
**10445 49TH STREET NORTH
CLEARWATER, FL 33762 US**



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0907988

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NEWVILLE, DUANE H PRES
2823 HERON PLACE
CLEARWATER, FL 34622**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**VD
NEWVILLE, ERIC A
2823 HERON PLACE
CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
NEWVILLE, DUANE H
2823 HERON PL
CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
NEWVILLE, MARILLYN A
2823 HERON PL
CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SVD
NEWVILLE, DENISE J
2823 HERON PL
CLEARWATER, FL 33792**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NEWVILLE, WAYNE C
2823 HERON PL
CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
NEWVILLE, KURT E
2823 HERON PL
CLEARWATER, FL 33762**

000000142123
04/30/04-80039-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Denise J. Newville *4/28/04* *727-571-1234*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #