

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 260384

FILED
Feb 06, 2007
Secretary of State

Entity Name: BOLINE OFFICE SUPPLY INC

Current Principal Place of Business:

1847 S DIXIE HWY
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

1847 S DIXIE HWY
POMPANO BEACH, FL 33060 US

New Mailing Address:

FEI Number: 59-0970365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNES, SEFTON K
829 COCONUT DR., S.W.
FORT LAUDERDALE, FL 33315 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BARNES, SEFTON K,
Address: 829 COCONUT DR., S.W.
City-St-Zip: FT. LAUDERDALE, FL

Title: PSD () Delete
Name: BARNES, PHYLLIS L,
Address: 829 COCONUT DR., S.W.
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: VD () Delete
Name: BARNES, BRETT,
Address: 1847 S DIXIE HWY
City-St-Zip: POMPANO BEACH, FL 33060

Title: VTD () Delete
Name: BARNES, WILLIAM,
Address: 1847 S DIXIE HWY
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLLIS BARNES

PSD

02/06/2007

Electronic Signature of Signing Officer or Director

_____ Date