

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 530937

Entity Name: BOA, INC.

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5084 SOUTHSORE DR  
POLK CITY, FL 33868 US

**New Principal Place of Business:**

**Current Mailing Address:**

5084 SOUTHSORE DR  
POLK CITY, FL 33868 US

**New Mailing Address:**

FEI Number: 59-1738690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUKOSKI, CHARLES F PRES  
5084 SOUTHSORE DR  
POLK CITY, FL 33868 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BUKOSKI, CHARLES F  
Address: 5084 SOUTHSORE DR  
City-St-Zip: POLK CITY, FL 33868 US

Title: VP  
Name: ATEN, WILLIAM G III  
Address: 5084 SOUTHSORE DR  
City-St-Zip: POLK CITY, FL 33868 US

Title: ST  
Name: BUKOSKI, JUDITH A  
Address: 5084 SOUTHSORE DR  
City-St-Zip: POLK CITY, FL 33868 US

I hereby 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 all other like empowered.

SIGNATURE: CHARLES F. BUKOSKI

PRES

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date