


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90001 048 \*\*\*150.00

<b>DOCUMENT # 632348</b>	
1. Entity Name <b>BOMO, INC.</b>	

Principal Place of Business <b>8211 BEACH BOULEVARD JACKSONVILLE FL 32216</b>	Mailing Address <b>8211 BEACH BOULEVARD JACKSONVILLE FL 32216</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-2190226</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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MOORE CR2E034 (11/03)

**6. Name and Address of Current Registered Agent**

**KING, WILLIAM C.  
8211 BEACH BOULEVARD  
JACKSONVILLE FL 32216**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KING, WILLIAM C.</b>		NAME	
STREET ADDRESS <b>4151 LEEWARD PT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DANIEL, JAMES S</b>		NAME	
STREET ADDRESS <b>3320 BOWERS LANE</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>ST</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KING, WILLIAM C.</b>		NAME	
STREET ADDRESS <b>4151 LEEWARD PT</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE <b>V</b>	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SAPHORE, DONALD</b>		NAME	
STREET ADDRESS <b>8211 BEACH BLVD.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** William C. King **2/9/2004** **904-724-8911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #