


FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F04000000682		Apr 07, 2008 08:00 Secretary of State	
1. Entity Name BOANCO, INC.			
Principal Place of Business 2323 FINCH AVE. SUITE 100 TITUSVILLE, FL 32796		Mailing Address 2323 FINCH AVE. SUITE 100 TITUSVILLE, FL 32796	
DO NOT WRITE IN THIS SPACE			
		04022008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 35-1312685	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BUCKLEY, ALFRED W 660 RIVER MOORINGS DRIVE MERRITT ISLAND, FL 32953		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		CPT BUCKLEY, ALFRED W 660 RIVER MOORINGS DRIVE MERRITT ISLAND, FL 32953	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DS BUCKLEY, CHERYL 660 RIVER MOORINGS DRIVE MERRITT ISLAND, FL 32953	
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DO NOT WRITE IN THIS SPACE			
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.			
SIGNATURE: 		4-2-08 3214031762	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	