
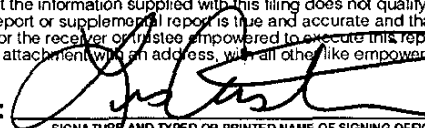


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90297 026 \*\*\*150.00

<b>DOCUMENT # F04000004205</b> 1. Entity Name <b>BOGAN, INC.</b>					
Principal Place of Business <b>1500 CHESTER PIKE EDDYSTONE, PA 19022</b>			Mailing Address <b>1500 CHESTER PIKE EDDYSTONE, PA 19022</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address <b>10701 EAST UTE STREET</b> Suite, Apt. #, etc.		
City & State			City & State <b>TULSA, OK</b>		
Zip		Country		Zip <b>74116</b>	
Country		Country <b>USA</b>		4. FEI Number <b>23-2050101</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, VANCE R 1500 CHESTER PIKE EDDYSTONE, PA 19022 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FOSBENNER, AL 1500 CHESTER PIKE EDDYSTONE, PA 19022 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NOSTEL, JOE 1500 CHESTER PIKE EDDYSTONE, PA 19022 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST BOGAN, JAMES 1500 CHESTER PIKE EDDYSTONE, PA 19022 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete VETAL, BRADLEY S 1500 CHESTER PIKE EDDYSTONE, PA 19022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES P. RYAN 10701 EAST UTE STREET TULSA, OK 74116	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete AUSTIN, LES 1500 CHESTER PIKE EDDYSTONE, PA 19022		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LES AUSTIN 10701 EAST UTE STREET TULSA, OK 74116	
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:  <b>LES AUSTIN C.F.O.</b> 04-18-05 (918) 838-8822 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					