


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H20142</b> 1. Entity Name BOCA-DELRAY OFFICE PRODUCTS, INC.	
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Principal Place of Business 14850 S. MILITARY TRAIL DELRAY BEACH FL 33484	Mailing Address 14850 S. MILITARY TRAIL DELRAY BEACH FL 33484
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2497713	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GASOI, MILTON A., ESQ. 6121 ROSSMOON LAKES CT BOYNTON BEACH FL 33437
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature: typed or printed name of registered agent and title if applicable. (NEW) Registered Agent signature required when reappointing.	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
VP NAME: MUGRIDGE, ROBERT W. STREET ADDRESS: 373 S.W. 33RD TERRACE CITY, ST, ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY, ST, ZIP: 000000334068 04/27/05-80028-023 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: MUGRIDGE, DEBORAH STREET ADDRESS: 373 S.W. 33RD TERRACE CITY, ST, ZIP: DEERFIELD BEACH FL	<input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, ST, ZIP: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STREET ADDRESS: CITY, ST, ZIP: <input type="checkbox"/> Delete	<input type="checkbox"/> Delete	NAME: STREET ADDRESS: CITY, ST, ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Deborah Mugridge</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-12-05 561-498-4710
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