

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01612

Entity Name: BOGER HOMES, INC.

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

21859 STATE ROAD 54
700
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

PO BOX 2133
24
LUTZ, FL 33548133 US

New Mailing Address:

FEI Number: 59-2723503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGER, DAVID
1834 DAIQUIRI LANE
LUTZ, FL 33549 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: BOGER, DAVID,
Address: 1834 DAIQUIRI LN
City-St-Zip: LUTZ, FL 33549

Title: VT () Delete
Name: BOGER, WENDY K.,
Address: 1834 DAIQUIRI LN
City-St-Zip: LUTZ, FL 33549

Title: VPA () Delete
Name: HUFF, JAMES DAVID
Address: 1834 DAIQUIRI LN
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID BOGER

PRES

02/09/2009

Electronic Signature of Signing Officer or Director

Date