

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90040 002 \*\*\*150.00

**DOCUMENT # J62968**

1. Entity Name

**BOHREN & ASSOCIATES, INC.**



Principal Place of Business

% WILLIAM A. BOHREN  
2359 N. SANDY RUN DRIVE  
MIDDLEBURG FL 32068

Mailing Address

P.O BOX 933  
ORANGE PARK FL 32067  
US

34010100



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3050 PRESCOTT FALLS DR

3. Mailing Address

3050 PRESCOTT FALLS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE

City & State

JACKSONVILLE

4. FEI Number

59-2787137

Applied For

Not Applicable

Zip

32224

Country

USA

Zip

32224

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOHREN, WILLIAM A.  
2359 N. SANDY RUN DRIVE  
MIDDLEBURG FL 32068

3050 PRESCOTT  
FALLS DR

JACKSONVILLE, FL 32224

Name

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

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

Jean P Bohren P.

JEAN P BOHREN

2/11/04

Signature, typed or printed name of registered agent and title if applicable.

(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 **VP**  
NAME BOHREN, WILLIAM A.  
STREET ADDRESS **3050 PRESCOTT FALLS DR**  
CITY - ST - ZIP **JACKSONVILLE, FL 32224**

TITLE **P**  
NAME BOHREN, JEAN P  
STREET ADDRESS **3050 PRESCOTT FALLS DR**  
CITY - ST - ZIP **JACKSONVILLE, FL 32224**

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
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:**

Jean P Bohren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #