


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90069 029 ***150.00

DOCUMENT # J90221

1. Entity Name
BOARDWALK ENTERPRISES REAL ESTATE COMPANY, INC.



Principal Place of Business Mailing Address
PO BOX 5226 CLEARWATER, FL 33758-5226 US **PO BOX 5226 CLEARWATER, FL 33758-5226 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
31640 U.S. Hwy. 19 North **31640 U.S. Hwy 19 North**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **PALM HARBOR, FL 34684** City & State **PALM HARBOR, FL**
 Zip **34684** Country **U.S.** Zip **34684** Country **U.S.**

04302007 Chg-P CR2E034 (12/06)

4. FEI Number **59-2840657** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

QUATTROCKI, JOHN J.
2528 N.E. COACHMAN RD
CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
31640 U.S. Hwy. 19 North
 City **PALM HARBOR** **FL** Zip Code **34684**

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 *John Quattrocci as President* **4-30-2007**
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, 2007 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PVT QUATTROCKI, JOHN J. PO BOX 5226 CLEARWATER, FL 337585226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 31640 U.S. Hwy. 19 North PALM HARBOR, FL 34684
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or without other like empowered.

SIGNATURE *John Quattrocci as President* **4-30-2007**
Signature and typed or printed name of signing officer or director Date Daytime Phone #