

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90001 001 ***150.00

DOCUMENT # L51672

1. Entity Name
BOJAN'S OF FLORIDA, INC.



Principal Place of Business
**12320 CAPRI CIRCLE N
TREASURE ISLAND, FL 33706**

Mailing Address
**12320 CAPRI CIRCLE N
TREASURE ISLAND, FL 33706**

DO NOT WRITE IN THIS SPACE



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2996747

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMONT, SUE
250 104TH AVENUE
TREASURE ISLAND, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BOOLE, ROBERT G.
12320 CAPRI CIRCLE N
SAINT PETERSBURG, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

06/30/05

2005 FOR-PROFIT CORPORATION ANNUAL REPORT




ATTACHMENT

DOCUMENT # L51672 1. Entity Name BOJAN'S OF FLORIDA, INC.					
Principal Place of Business 12320 CAPRI CIRCLE N TREASURE ISLAND, FL 33706				Mailing Address 12320 CAPRI CIRCLE N TREASURE ISLAND, FL 33706	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		02222005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2996747				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAMONT, SUE 250 104TH AVENUE TREASURE ISLAND, FL 33706				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BOOLE, ROBERT G. 12320 CAPRI CIRCLE N SAINT PETERSBURG, FL 33706	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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SIGNATURE: <u>Robert Boole</u> Date: <u>03/25/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Time Phone #</small>					

ATTACHMENT

14018099

#L51672

2315		BALANCE BROUGHT FORWARD	
DATE 07/18			
PAY TO Alderman's			
FOR Auto Exp.			
8/50		TOTAL	
		THIS CHECK	209 72
		OTHER TRANS +/-	
TAX DEDUCTIBLE <input type="checkbox"/> <small>© HARLAND (XPP-1) BLUE</small>		BALANCE	
			
2316		BALANCE BROUGHT FORWARD	
DATE 03/18			
PAY TO Gary Jackson			
FOR V63			
9040		TOTAL	
		THIS CHECK	1200 -
		OTHER TRANS +/-	
TAX DEDUCTIBLE <input type="checkbox"/> <small>© HARLAND (XPP-1) BLUE</small>		BALANCE	
			
2317		BALANCE BROUGHT FORWARD	
DATE 03/25			
PAY TO Florida Dept of State			
FOR			
9000		TOTAL	
		THIS CHECK	150
		OTHER TRANS +/-	
TAX DEDUCTIBLE <input type="checkbox"/> <small>© HARLAND (XPP-1) BLUE</small>		BALANCE	
			



9000 = COST CODE

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BOJAN'S OF FL. INC/ D/B/A KETTLES CONST.

Income Statement Current, YTD, and Ratios 3 Period(s) Ended March 31, 2005

	Current	%	Year-to-Date	%
Income from Operations				
Sales	54,208.00	100.0	182,311.61	100.0
Total Income from Opera	54,208.00	100.0	182,311.61	100.0
Cost of Goods Sold				
Outside Services/Contra	2,200.00	4.1	2,200.00	1.2
Total Cost of Goods Sol	2,200.00	4.1	2,200.00	1.2
Gross Profit (Loss)	52,008.00	95.9	180,111.61	98.8
Operating Expenses				
Advertising Expense	288.00	0.5	1,220.25	0.7
Auto Expense	1,329.12	2.5	2,711.32	1.5
Bank Service Charges	28.00	0.1	65.00	0
Casual Labor	628.60	1.2	2,174.75	1.2
Delivery Fee	50.00	0.1	125.00	0.1
Depreciation Expense	740.00	1.4	2,220.00	1.2
Donations	0.00	0	15.00	0
Entertainment-Promotion	188.43	0.3	582.64	0.3
Equipment Rental	2,449.01	4.5	5,404.80	3.0
General Bus. Ins.	676.84	1.2	2,776.95	1.5
Workers Comp. Ins.	1,492.49	2.8	3,301.65	1.8
Employer Liab. Ins.	17.40	0	45.60	0
Licenses / Fees	150.00	0.3	158.75	0.1
Materials	40,554.23	74.8	71,240.68	39.1
Miscellaneous Expense	1,700.00	3.1	1,930.00	1.1
Office Expense	75.92	0.1	468.79	0.3
Payroll Tax Expense	1,338.69	2.5	3,140.69	1.7
FUTA Exp.	77.19	0.1	240.85	0.1
SUTA Exp.	57.90	0.1	180.65	0.1
Permits/NOC	790.32	1.5	1,376.97	0.8
Prof. Fees-Accounting	1,973.78	3.6	3,360.40	1.8
Prof. Fees-Legal	0.00	0	1,000.00	0.5
Prof. Fees-Engineer	625.00	1.2	2,275.00	1.2
Prof. Fees-Office Compu	0.00	0	50.83	0
Salaries	10,999.25	20.3	24,297.63	13.3
Salariness-Officer	6,500.00	12.0	16,600.00	9.1
Seminars-Training-Meeti	0.00	0	84.31	0
Supplies	3,582.75	6.6	7,299.74	4.0
Telephone/Fax	306.29	0.6	758.43	0.4
Truck Expense	433.47	0.8	1,223.94	0.7
Uniforms	519.75	1.0	519.75	0.3
Dumpster/Garbage	167.30	0.3	453.55	0.2
Total Operating Expense	77,739.73	143.4	157,303.92	86.3
Operating Income (Loss)	(25,731.73)	47.5	22,807.69	12.5

Other Income

Other Expenses

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BOJAN'S OF FLORIDA
INC.

12320 CAPRI CIRCLE, N.
TREASURE ISLAND,
FLORIDA
33706
727.244.8440

Thursday, June 30, 2005

Division of Corporations,
P.O. Box 6198,
Tallahassee, Fl. 32314.

Ref: # L51672.

I am enclosing the second "2005 FOR PROFIT CORPORATION ANNUAL REPORT."

Also enclosed is our second check in the amount of \$ 150.00.

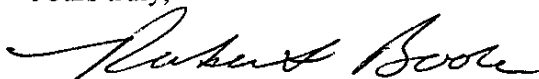
Attached is a copy of the original report and a copy of the check stub dated 03/25/05 that was attached to the original mailed report.

A copy of our monthly report for the month of March, showing the \$150.00 fee that was mailed is reflected.

Our accounting Company doing Bank reconciliation will now report to me the name of any "payees" that have not cashed a check in a reasonable time. Normally a supplier account would be on the phone in one week if a check were not received or lost in the mail.

I trust that you will see that we did indeed send the original "Annual Report" and that the \$150.00 fee enclosed is satisfactory.

Yours truly,



Robert Boole, President.