

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L51672

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: BOJAN'S OF FLORIDA, INC.

**Current Principal Place of Business:**

12320 CAPRI CIRCLE N  
TREASURE ISLAND, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

12320 CAPRI CIRCLE N  
TREASURE ISLAND, FL 33706

**New Mailing Address:**

FEI Number: 59-2996747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAMONT, SUE  
250 104TH AVENUE  
TREASURE ISLAND, FL 33706 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: P ( ) Delete  
Name: BOOLE, ROBERT G.,  
Address: 12320 CAPRI CIRCLE N  
City-St-Zip: SAINT PETERSBURG, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROBERT BOOLE

P

01/14/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date