

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90023 041 \*\*\*150.00

<b>DOCUMENT # L59493</b> 1. Entity Name <b>DAVE BODKER LANDSCAPE ARCHITECTURE/PLANNING, INC.</b>			
Principal Place of Business <b>75 NE 6 AVENUE # 209 DELRAY BEACH, FL 33483 US</b>		Mailing Address <b>75 NE 6 AVENUE # 209 DELRAY BEACH, FL 33483 US</b>	
2. Principal Place of Business - No P.O. Box # <b>601 N. Congress Ave</b> Suite, Apt. #, etc. <b># 105 A</b>		3. Mailing Address <b>601 N. Congress Ave</b> Suite, Apt. #, etc. <b># 105 A</b>	
City & State <b>Delray Beach, FL</b> Zip <b>33445</b> Country <b>USA</b>		City & State <b>Delray Beach, FL</b> Zip <b>33445</b> Country <b>USA</b>	
4. FEI Number <b>65-0182314</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SARAGA, ROBERT S SARAGA+ LIPSHY, PA 201 NE 1ST AVENUE DELRAY BEACH, FL 33444</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>BODKER, DAVE J</b> STREET ADDRESS <b>801 NW 2ND AVE</b> CITY-ST-ZIP <b>DELRAY BEACH, FL</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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 all other like empowered.			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/15/08</b> Daytime Phone # <b>561-276-6311</b>	