



2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2008 8:00 am
Secretary of State

02-21-2008 90019 023 ***150.00

DOCUMENT # L67842 1. Entity Name BOEN ENTERPRISES, INC.					
Principal Place of Business 201 5TH AVENUE NORTH JACKSONVILLE BEACH FL 32250		Mailing Address 201 5TH AVENUE NORTH JACKSONVILLE BEACH FL 32250			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		 1st MOORE CR2E034 (10/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3009814	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent NOE, WILLIAM G., JR. 599 ATLANTIC BLVD. SUITE 6 ATLANTIC BEACH FL 32233				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				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 <u>Roverta Boen</u> DATE <u>2-12-08</u> <small>Signature, typed or printed name of signatory (see instructions) (NOTE: Registered Agent signature required when completing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State.			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	DPV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOEN, ROVERTA	NAME			
STREET ADDRESS	201 5TH AVE. NORTH	STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE BCH. FL	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
SIGNATURE: <u>Roverta Boen</u> <u>President</u>				DATE: <u>3-17-08</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>DATE</small>	