

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90061 024 \*\*\*150.00

**DOCUMENT # L84287**

1. Entity Name  
D.C. BOGGS COMPANIES, INC.



Principal Place of Business

115 N. RIVER DRIVE EAST  
JUPITER, FL 33458

Mailing Address

115 N. RIVER DRIVE EAST  
JUPITER, FL 33458

J4000011



01302004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0209568

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BOGGS, DAVID C.  
~~153 S HAMPTON DR~~ 115 N. RIVER DRIVE EAST  
JUPITER, FL 33458

**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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BOGGS, DAVID C.
STREET ADDRESS	<del>153 S HAMPTON DR</del> 115 N. RIVER DRIVE EAST
CITY-ST-ZIP	JUPITER, FL
TITLE	S
NAME	BOGGS, CATHERINE H
STREET ADDRESS	<del>153 S HAMPTON DR</del> 115 N. RIVER DRIVE EAST
CITY-ST-ZIP	JUPITER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 #

1-31-04 1-561-747-  
2005