

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90373 032 ***150.00

DOCUMENT # M91755

1. Entity Name
BOKO LAWN, INC.



Principal Place of Business
~~% STELLA BOKOLAS~~
500 N E 35TH ST
BOCA RATON, FL 33431

Mailing Address
~~% STELLA BOKOLAS~~
500 N E 35TH ST
BOCA RATON, FL 33431

2. Principal Place of Business
500 NE 35th St.
Suite, Apt. #, etc.

3. Mailing Address
500 NE 35th St.
Suite, Apt. #, etc.

City & State
Boca Raton, FL
Zip
33431
Country
USA

City & State
Boca Raton, FL
Zip
33431
Country
USA

04132004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0064872
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOKOLAS, STELLA
500 N E 35TH ST
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name **BOKOLAS, Peter**
Street Address (P.O. Box Number is Not Acceptable)
500 NE 35th St.
City **Boca Raton** FL Zip Code **33431**

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 **Peter Bokolas**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/14/04
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 **DP** ☒ Delete
NAME **BOKOLAS, STELLA**
STREET ADDRESS **500 N E 35TH STREET**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **V** ☐ Delete
NAME **BOKOLAS, PETER**
STREET ADDRESS **500 NE 35TH STREET**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BOKOLAS, Peter**
STREET ADDRESS **SAME ADDRESS**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Peter Bokolas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04

Date

901-394-6020

Daytime Phone #