


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N14511 1. Entry Name BOCA OFFICE AND WAREHOUSE PARK CORPORATION	
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Principal Place of Business 6401 E ROGERS CIRCLE SUITE 16 BOCA RATON, FL 33487	Mailing Address P.O. BOX 8571 DEERFIELD BEACH, FL 33443
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04192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2724142	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROCK, BILL 6401 E. ROGERS CIRCLE SUITE #16 BOCA RATON, FL 33487
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**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 *Bill Brock*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/25/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROCK, BILL 6401 E. ROGERS CIR. #16 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LERMAN, MIKE 6401 ROGERS CIRCLE #5 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROCK, KENDRA 6401 E. ROGERS CIR. #16 BOCA RATON, FL 33487
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05/21/08-80117-012 61.25

**DO NOT WRITE
IN THIS SPACE**

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 617, 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 persons empowered.

SIGNATURE: *Bill Brock*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/08

5614949125