

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047199

FILED
Jan 03, 2007
Secretary of State

Entity Name: LAW OFFICES OF SEAN F. BOGLE, P.A.

Current Principal Place of Business:

706 TURNBULL AVENUE
SUITE 203
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 151358
ALTAMONTE SPRINGS, FL 327151358

New Mailing Address:

FEI Number: 59-3648278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGLE, SEAN F
TURNBULL PROFESSIONAL CENTER
706 TURNBULL AVENUE SUITE 203
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BOGLE, SEAN F
Address: 1508 ANCHOR COURT
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: BOGLE, SEAN F
Address: 1230 VIA ESTRELLA
City-St-Zip: WINTER PARK, FL 32789 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN F. BOGLE

PRES

01/03/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date