


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90021 042 ***150.00

DOCUMENT # P01000014271	
1. Entity Name BOP PROPERTIES, INC.	

Principal Place of Business 125 WEST ROMANA STREET STE 400 PENSACOLA, FL 32502	Mailing Address 125 WEST ROMANA STREET STE 400 PENSACOLA, FL 32502
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

03062007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3736805	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
HUFFMAN, ROGER 125 WEST ROMANA STREET STE 400 PENSACOLA, FL 32502	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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: _____
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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, GREGORY	NAME	
STREET ADDRESS	PO BOX 12966	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 325912966	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, ROGER	NAME	
STREET ADDRESS	PO BOX 12966	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 325912966	CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, BRIAN P	NAME	VSD
STREET ADDRESS	PO BOX 12966	STREET ADDRESS	GORMAN, TRENTON
CITY-ST-ZIP	PENSACOLA, FL 325912966	CITY-ST-ZIP	P.O. Box 12966
TITLE	VD <input type="checkbox"/> Delete	TITLE	PENSACOLA, FL 325912966
NAME	MCCOY, CARY H	NAME	
STREET ADDRESS	PO BOX 12966	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 325912966	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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 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 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:  **ROGER HUFFMAN** (850) 436-7846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #