

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90011 006 ***150.00

DOCUMENT # P01000020586

1. Entity Name
KENNETH BOGGS LAWN MAINTENANCE, INC.



Principal Place of Business Mailing Address
640 40TH STREET **640 40TH STREET**
WEST PALM BEACH, FL 33407 **WEST PALM BEACH, FL 33407**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



05042005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1106186 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BOGGS, KENNETH
640 40TH STREET
WEST PALM BEACH, FL 33407

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOGGS, KENNETH 640 40TH STREET WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BOGGS, DECARLA 640 40TH STREET WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kenneth Boggs* Date: **5-11-05** Day/Time Phone #: **(561) 845-0610**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #