2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2007 8:00 am Secretary of State

| 1. Entity Nam | MENT # P01000020 H BOGGS LAWN MAINTE | | | | 04-12-2007 | 90044 040 ***15 | 0.00 | |
|--|---|--|--|--|----------------------|-------------------------------------|------------------------------|--|
| Principal Plac | e of Business | Mailing Address | | 7 300 | | | | |
| 640 40TH ST | | 640 40TH STREET | | | | | | |
| | BEACH, FL 33407 | WEST PALM BEACH, FL | 33407 | | | | | |
| 1 | • | · | | | | PII ABIIG IISII ABIBI BIIAI IANA I | | |
| 2. Principal P | face of Business - No P.O. Box # | 3. Mailing Address | | | | | | |
| | | | | 118811481111 | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 03262007 | Chg-P | CR2E034 (12/06) |) | |
| City & Stat | e | City & State | • | 4. FEI Numbe 65-1100 | | ⊢ | pplied For lot Applicable | |
| Zip | Country | Zip | Country | | | \$9.75 | | |
| | | | • | 5. Certificate | of Status Desired | Fee Requir | | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and | Address of New I | Registered Agent | | |
| BOGGS, KENNETH | | | Name | Name | | | | |
| 640 40TH STREET | | | Street Addres | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| WEST PAI | LM BEACH, FL 33407 | | <u> </u> | | | | | |
| | | | | | | | | |
| | | | City | | | FL Zip Co | de | |
| | named entity submits this statement for | or the purpose of changing its | registered office or regis | stered agent, or bot | h, in the State of F | lorida. I am familiar with | , and accept | |
| the obligat | ions of registered agent. | _ | | | | | | |
| SIGNATURE_ | hannelh 10049 | <u> </u> | | | | 1-10-01 | | |
| | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | Registered Agent signature requ | uired when reinstating) | | DATE | | |
| 1 | | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550. | 9. Election Campai Trust Fund Contr | gn Financing stibution. | \$5.00 May Be Added to Fees | | | | |
| | | .00 Trust Fund Contr | gn Financing sibution. A | | CHANGES TO OF | FICERS AND DIRECTOR | RS IN 11 | |
| After Ma | ay 1, 2007 Fee will be \$550. | .00 Trust Fund Contr | ribution. | | CHANGES TO OF | FICERS AND DIRECTOR | RS IN 11 | |
| 10. TITLE NAME | ay 1, 2007 Fee will be \$550. OFFICERS AND PSD BOGGS, KENNETH | .00 Trust Fund Contr | 11. TITLE NAME | | CHANGES TO OF | | | |
| 10. TITLE NAME STREET ADDRESS | OFFICERS AND PSD BOGGS, KENNETH 640 40TH STREET | .00 Trust Fund Contr | 11. TITLE NAME STREET ADDRESS | | CHANGES TO OFI | | | |
| 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP | OFFICERS AND OFFICERS AND PSD BOGGS, KENNETH 640 40TH STREET WEST PALM BEACH, FL 33407 | Trust Fund Contr DIRECTORS Delete | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP | | CHANGES TO OF | ☐ Change | Addition | |
| 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE | PSD BOGGS, KENNETH 640 40TH STREET WEST PALM BEACH, FL 33407 | .00 Trust Fund Contr | 11. INTLE NAME SIREET ADDRESS CITY-ST-ZIP THLE | | CHANGES TO OF | | | |
| 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP | OFFICERS AND OFFICERS AND PSD BOGGS, KENNETH 640 40TH STREET WEST PALM BEACH, FL 33407 | Trust Fund Contr DIRECTORS Delete | 11. ITILE NAME STREET ADDRESS CITY-ST-ZIP | | CHANGES TO OF | ☐ Change | Addition | |
| 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME | OFFICERS AND OFFICERS AND PSD BOGGS, KENNETH 640 40TH STREET WEST PALM BEACH, FL 33407 VTD BOGGS, DECARLA | Trust Fund Contr | 11. INTLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME | | CHANGES TO OFI | ☐ Change | Addition | |
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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:

7-10-07

(41) 845-0610