


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90054 023 ***150.00

DOCUMENT # P01000024662	
1. Entity Name HUGH GORDON BODLEY, INC.	

Principal Place of Business 9000 BURMA ROAD 106 WEST PALM BEACH FL 33403	Mailing Address 9000 BURMA ROAD 106 WEST PALM BEACH FL 33403
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2. Principal Place of Business - No P.O. Box # 3965 INVESTMENT LANE Suite, Apt. #, etc. 5A City & State RIVIERA BEACH FL Zip 33404	3. Mailing Address 2461 VILLAGE BLVD Suite, Apt. #, etc. 201 City & State WEST PALM BEACH Zip 33409
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1st MOORE CR2E034 (10/06)

4. FEI Number 59-3713699		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BODLEY, HUGH G 9000 BURMA ROAD #106 PALM BEACH GARDENS FL 33403		
7. Name and Address of New Registered Agent Name HUGH G. BODLEY Street Address (P.O. Box Number is Not Acceptable) 2461 VILLAGE BLVD #201 City WEST PALM BEACH FL Zip 33409		

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
Make Check Payable to Florida Department of State

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	P BODLEY, HUGH G 9000 BURMA ROAD #106 WEST PALM BEACH FL 33403 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	BODLEY, HUGH G 2461 VILLAGE BLVD #201 WEST PALM BEACH FL 33409 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/07 561-889-5895

Date

Daytime Phone #