

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000035302

1. Entity Name
BOKEELIA BARGE AND TRANSPORT, INC.



Principal Place of Business
**600 5TH AVE. S., STE. 207
NAPLES, FL 34102**

Mailing Address
**600 5TH AVE. S., STE. 207
NAPLES, FL 34102**



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3708333

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BRUGGER, JOHN N
600 5TH AVE. S., STE. 207
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
BRUGGER, JOHN N
600 5TH AVE. S., STE. 207
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SMEJA, ROBERT
600 FIFTH AVE S. STE 207
NAPLES, FL 34102**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
SMEJA, BONNIE
927 RIDGE CT.
EVANSTON, IL 60202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GNESDA-SMEJA, JILL
6767 WOODCREST PKWY
ROCKFORD, IL 61109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHLEPIER-SMEJA, KIM
6781 WOODCREST PKWY
ROCKFORD, IL 61109**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMEJA, JAMES
416 FRONT ST.
MINERAL PT., IL 61102**

**DO NOT WRITE
IN THIS SPACE**

1100000360274
05/05/05-80026-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of 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

Date

Daytime Phone #