



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
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
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DO NOT WRITE IN THIS SPACE

	
04202007 No Chg-P	CR2E034 (11/05)
4. FEI Number 59-3708333	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

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

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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 _____ (NOTE: Registered Agent signature required when reinstalling)

Signature, typed or printed name of registered agent and title if applicable. 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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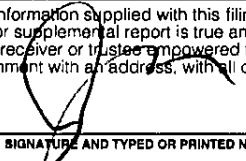
10. OFFICERS AND DIRECTORS

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

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05/10/07-80068-004 150.00

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:  **John N. Brugger** **4/20/07 239-263-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #