

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90044 013 ***150.00

DOCUMENT # P02000000685	
1. Entity Name BOGGS AND ASSOCIATES, INC.	

Principal Place of Business 2855 GREY OAKS BLVD TARPON SPRINGS FL 34688	Mailing Address 2855 GREY OAKS BLVD TARPON SPRINGS FL 34688
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

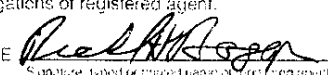
1st MOORE CR2E034 (10/07)

4. FEI Number 90-0000807	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TORRENCE, ALFRED W JR 6645 RIDGE RD PORT RICHEY FL 34668		7. Name and Address of New Registered Agent Name RICHARD BOGGS Street Address (P.O. Box Number is Not Acceptable) 2855 GREY OAKS BLVD City TARPON SPRINGS FL Zip Code 34688	
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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  **RICHARD H. BOGGS PRESIDENT BOGGS & ASSOCIATES INC 1-23-08**
(Signature, typed or printed name of agent, and date and title, if applicable. (NOTE: Registered Agent signature required when filing this statement.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOGGS, RICHARD H 2855 GREY OAKS BLVD TARPON SPRINGS FL 34688 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR CHARWIN M. BOGGS 2855 GREY OAKS BLVD TARPON SPRINGS FL 34688 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  **RICHARD H. BOGGS DIRECTOR + PRESIDENT 1-23-08 813-655-1812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR