

182

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000005174

1. Entity Name
BOANERGES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 16 AM 10:32

Principal Place of Business

760 NW 4TH COURT
BOCA RATON, FL 33432

Mailing Address

760 NW 4TH COURT
BOCA RATON, FL 33432

REINSTATEMENT



08192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0535787

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~CONIGLIO, JOHN A.~~
~~4801 SOUTH UNIVERSITY DRIVE SUITE 3000~~
~~DAVIE, FL 33328~~

DO NOT WRITE
IN THIS SPACE

DAVID L. DOLAN
760 NW 4th CRT
BOCA RATON, FL 33432

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

David L. Dolan
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/4/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DOLAN, DAVID
760 NW 4TH COURT
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

100042162391
10/25/04--01078--005 **150.00

DO NOT WRITE
IN THIS SPACE

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

David L. Dolan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID DOLAN

10-8-04

Date

561 302 4658

Daytime Phone

11/2/04

Dear Florida Department of State, ²⁰²²

I am writing you to ask if you would please review the account to wave the reinstatement fee. Both the business and our personal lives were effected by the hurricanes. We were not able to send anything until now. And the fee would hurt us greatly. Thankyou very much. Please respond A.S.A.P.

David Dolan

* Paul [Signature]

President

Boanerges, Inc.