2005-FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jul 11, 2005 8:00 am Secretary of State DOCUMENT # P02000033336 1. Entity Name 07-11-2005 90121 009 ***150.00 BOMAR INC. OF VENICE Principal Place of Business Mailing Address 868 S. TAMIAMI TRAIL 868 S. TAMIAMI TRAIL 14018442 OSPREY FL 34229 OSPREY FL 34229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 02-0564148 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EPSTEIN, ROBERT 401 BAYSHORE DR Street Address (P.O. Box Number is Not Acceptable) VENICE FL 34285 City Zip Code 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. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD Delete ☐ Change ☐ Addition NAME EPSTEIN, ROBERT NAME STREET ADDRESS 401 BAYSHORE DR STREET ADDRESS CITY-ST-ZIP VENICE FL 34285 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

INING OFFICER OR DIRECTOR

Date

Daytrne Phone &

FILED

ATTACHMENT #POROCO 33336

TETTOR - 0564148

To whom it may contern, I did

not Recieve this notice in the mail until that it isn't fear, because I dran't have the notice, and have control of the Meil

Thank your fatience

Robert Epstein Bomar Sign