FILED Jan 19, 2005 8:00 am Secretary of State **2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P02000050453** 01-19-2005 90008 005 ***150.00 1. Entity Name BOGGS PAINTING, INC. Principal Place of Business Mailing Address 50003739 1003 25TH AVE W 1003 25TH AVE W PALMETTO, FL 34221 PALMETTO, FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122005 Chg-P CR2E034 (10/03) City & State City & State 4. FÉI Number Applied For 37-1429056 Not Applicable 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 Name BOGGS, LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 1003 25TH AVE W BRADENTON, FL 34221

Palmetto

the obligations of registered agent.

SIGNATURE Claurence C. boxs / Propedont

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
10.	OFFICERS AND DIREC	TORS	11.	ADDITIONS/CHANGES T	O OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BOGGS, LAWRENCE C 1003 25TH AVE W PALMETTO, FL 34221	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOGGS, STEVEN 1003 25TH AVE W PALMETTO, FL 34221	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karyking 206 23 nd St. W. Brackenton 12 34205	Change XAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ETREA. CONRAD, DAVID 1108 25TH AVE W PALMETTO, FL 34221	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA Valerie Boggs 2701 22M Ave.W Bradenton, FL 34205	☐ 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 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.					

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 Fiorida. I am familiar with, and accept

1/18/05