


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000061319
 1. Entity Name
DONALD BOUCHIE, INC.



Principal Place of Business Mailing Address
3195 AMYS CT **3195 AMYS CT**
GREENCOVE SPRINGS FL 32043 **GREENCOVE SPRINGS FL 32043**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **02-0612291** Applied For
 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMPSON, MARK E
1306 SAN JOSE ROAD
ST AUGUSTINE FL 32086

no changes

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE	P	<input type="checkbox"/> Delete
NAME	BOUCHIE, DONALD L	
STREET ADDRESS	3195 AMYS CT	
CITY - ST - ZIP	GREENCOVE SPRINGS FL 32043	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS	
CITY - ST - ZIP	

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 03/01/04-80090-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Donald Bouchie* *2/28/04* *9042375661*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #