


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000061319**

1. Entity Name  
**DONALD BOUCHIE, INC.**



Principal Place of Business  Mailing Address

**3195 AMYS CT  
 GREENCOVE SPRINGS FL 32043**      **3195 AMYS CT  
 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



1st MOORE CR2E034 (10/04)

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be Added to Fees  Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>00000230406</b>
STREET ADDRESS	<b>02/15/05-80042-022 150.00</b>
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 L Bouchie Date: 2/14/05 Daytime Phone #: (904) 237 5661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #