2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

ANNUAL REPORT					
DOCUMENT # P02000 1. Entity Name BOHICA SPORTS, INC.	0116938				
Principal Place of Business 401 COMMERCIAL COURT STE A	Mailing Address				
VENICE, FL 34292	401 COMMERCIAL COURT STE A VENICE, FL 34292				



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04052005 No Chg-P

CR2E034 (10/03)

4. FEI Number 16-1633886 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

TAYLOR, N BERRY SR 401 COMMERCIAL COURT STE A VENICE, FL 34292

DO NOT WRITE IN THIS SPACE

					
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					
	Signature, typed or printed name of registered agen) and title	if applicable (NOTE Registere	d Agent signatur	(gnilatenier nehw periuper	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.		icing 🗆	\$5.00 May Be Added to Fees	000000341636 04/29/05~80024-005 158.75	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES TAYLOR SR., N BERRY 401 COMMERCIAL CT. STE A VENICE, FL 34292				
TITLS NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR JR, THOMAS H 401 COMMERCIAL CT. STE.A VENICE, FL 34292			·· · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECY TAYLOR, J DAVID 401 COMMERCIAL CT. STE. A VENICE, FL 34292		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		.=.		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 cath; 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.					

WORKER H. TRY WOR, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR