


FILED
Jul 20, 2004 8:00 am
Secretary of State

07-06-2004 90120 008 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000123124

1. Entity Name
BOBOIGS, INC.



66430246

Principal Place of Business
**7875 BUCCANEER DRIVE
 FT. MYERS BEACH, FL 33931**

Mailing Address
**7875 BUCCANEER DRIVE
 FT. MYERS BEACH, FL 33931**



2. Principal Place of Business
7875 Buccaneer Dr.

3. Mailing Address
7875 Buccaneer Dr.

Sub. Apt. #, etc.

07012004 Chg-P CR2E034 (10/03)

City & State
 Ft. Myers Beach, FL.

City & State
 Ft. Myers Beach, FL.

Zip
33931

County
Lee

Zip
33931

County
Lee

4. FEI Number
11-3663014

Applied For
 Not Applicable

5. Certificate of Status Owed \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WELLS, ROBERT
 7875 BUCCANEER DRIVE
 FT. MYERS BEACH, FL 33931**

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: *Robert Wells* (as president for Boboigs, Inc.)

FILE NOW!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Delete
	WELLS, ROBERT	7875 BUCCANEER DRIVE	FT. MYERS BEACH, FL		33931	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

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

TITLE	NAME	STREET ADDRESS	CITY	ST	ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with my address, with all other like information.

SIGNATURE: *Robert Wells* (as president for Boboigs, Inc.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR