

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000051383

1. Entity Name
BOCA PROCESSING INC.



Principal Place of Business
**2608 NW 2ND AVE
BOCA RATON, FL 33431**

Mailing Address
**2608 NW 2ND AVE
BOCA RATON, FL 33431**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3754579	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SEGAL, STANLEY H
2707 N OCEAN BLVD
BOCA RATON, FL 33431**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEGAL, ROBERT M 9738 SUNNY ISLE CIRCLE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEGAL, FLORENCE P 2707 N OCEAN BLVD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SEGAL, STANLEY H 2707 N OCEAN BLVD BOCA RATON, FL 33431
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01/10/05-80006-019 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 line empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-'05 (561) 361-6364