

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000055515

Entity Name: BOGNOR REGIS, INC.

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

601 RIVERSIDE AVENUE  
12TH FLOOR  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

601 RIVERSIDE AVENUE  
12TH FLOOR  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 73-1670951

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRAVELLE, MICHAEL L  
601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD  
Name: FOLEY, WILLIAM P II  
Address: 133 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: SD  
Name: FOLEY, CAROL J  
Address: 133 PONTE VEDRA BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM P. FOLEY, II

PTD

04/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date