

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000114463

FILED
Mar 03, 2008
Secretary of State

Entity Name: BOGGER INSTALLATION INC.

Current Principal Place of Business:

3360 PHONETIA DR
DELTONA, FL 32738 US

New Principal Place of Business:

2980 LOCKWOOD BLVD.
DELTONA, FL 32738 US

Current Mailing Address:

3360 PHONETIA DR
DELTONA, FL 32738 US

New Mailing Address:

2980 LOCKWOOD BLVD.
DELTONA, FL 32738 US

FEI Number: 03-0529952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MICHAEL A
3360 PHONETIA DR
DELTONA, FL 32738 US

Name and Address of New Registered Agent:

BROWN, MICHAEL A
2980 LOCKWOOD BLVD.
DELTONA, FL 32738 US

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: MICHAEL A. BROWN

03/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BROWN, MICHAEL A PD
Address: 3360 PHONETIA DR
City-St-Zip: DELTONA, FL 32738 US

Title: VD (X) Delete
Name: APRIL, BROWN N VD
Address: 3360 PHONETIA DR
City-St-Zip: DELTONA, FL 32738 US

Title: S (X) Delete
Name: APRIL, BROWN N S
Address: 3360 PHONETIA DR
City-St-Zip: DELTONA, FL 32738 US

Title: D () Delete
Name: PERRY, JESSE C D
Address: 1222 AMM LN
City-St-Zip: LAKE HELEN, FL 32744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, MICHAEL A PD
Address: 2980 LOCKWOOD BLVD.
City-St-Zip: DELTONA, FL 32738 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change () Addition
Name: STRICKLAND, EDDIE R O
Address: 240 LAKE VIEW DR.
City-St-Zip: LAKE HELEN, FL 32744 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EDDIE STRICKLAND

O

03/03/2008

Electronic Signature of Signing Officer or Director

Date