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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000144173

1. Entity Name
DENNIS BOMAR, INC.




FILED
04 APR 21 AM 10:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business: 1613 PINE LAKE ROAD, ORLANDO, FL 32808
 Mailing Address: 1613 PINE LAKE ROAD, ORLANDO, FL 32808

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country



04212004 Chg-P CR2E034 (10/03)

4. FEI Number: Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
BOMAR, DENNIS
 1613 PINE LAKE ROAD
 ORLANDO, FL 32808

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	BOMAR, DENNIS	
STREET ADDRESS	1613 PINE LAKE ROAD	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600035552366	
STREET ADDRESS	05/06/04--01011--010	**150.00
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Division of Corporations

Annual Report

Page 1

Document Number
P03000144173
Business Entity Name
DENNIS BOMAR, INC.

FEI Number
FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No

Principal Place of Business

Address
Suite, Apt. #, etc.
City, State
Zip Code & Country

Mailing Address

Address
Suite, Apt. #, etc.
City, State
Zip Code & Country

Name And Address of Registered Agent

Name (Last, First, Middle, Title)
-or- RA Business Name
Address
Suite, Apt. #, etc.
City, State
Zip Code & Country

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature



Division of Corporations

2004 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P03000144173
Business Entity Name	DENNIS BOMAR, INC.
Original File Date	11/26/2003

FEI Number 84-1637175

Principal Address 1613 PINE LAKE ROAD
ORLANDO, FL 32808

Mailing Address 1613 PINE LAKE ROAD
ORLANDO, FL 32808

Registered Agent DENNIS BOMAR
1613 PINE LAKE ROAD
ORLANDO, FL 32808

Officer/Director Name And Address

PSTD
DENNIS BOMAR
1613 PINE LAKE ROAD
ORLANDO, FL 32808

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Pagely

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

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