


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90223 021 ***150.00

DOCUMENT # P03000144.173

1. Entity Name
DENNIS BOMAR, INC.



Principal Place of Business
~~1613 PINE LAKE ROAD~~
 ORLANDO, FL 32808

Mailing Address
~~1613 PINE LAKE ROAD~~
 ORLANDO, FL 32808

4408 Sugar Loaf Way

2. Principal Place of Business
4408 Sugar Loaf Way
 Suite, Apt. #, etc.

3. Mailing Address
4408 Sugar Loaf Way
 Suite, Apt. #, etc.



04252005 Chg-P CR2E034 (10/03)

City & State
Orlando FL

City & State
Orlando FL

Zip
32808

Country
Orange

Zip
32808

Country
Orange

4. FEI Number
84-1637175

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~~ **4408 Sugar Loaf Way**
 ORLANDO, FL 32808

7. Name and Address of New Registered Agent

Name
Dennis Bomar

Street Address (P.O. Box Number is Not Acceptable)
4408 Sugar Loaf Way

City
Orlando

State
FL

Zip Code
32808

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

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	PSTD BOMAR, DENNIS 1613 PINE LAKE ROAD 4408 Sugar Loaf Way ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD Dennis Bomar 4408 Sugar Loaf Way Orlando FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Dennis Bomar* **DS-10-05** **407-445-1947**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #