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Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90331 032 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000001731

1. Entity Name
BO FARLEY, INC.

50037969

Principal Place of Business	Mailing Address
1543 NEWCASTLE WAY PENSACOLA, FL 32534 US	1543 NEWCASTLE WAY PENSACOLA, FL 32534 US

01242005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1095 Crane Cove Blvd		1095 Crane Cove Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Gulf Breeze, FL 32563		City & State: Gulf Breeze, FL 32563	
Zip: 32563	Country: US	Zip: 32563	Country: US

4. FEI Number: 83-0381371 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FARLEY, ROBERT C
1543 NEWCASTLE WAY
PENSACOLA, FL 32534

7. Name and Address of New Registered Agent

Name: Robert C Farley
Street Address (P.O. Box Number is Not Acceptable): 1095 Crane Cove Blvd
City: Gulf Breeze FL Zip Code: 32563

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARLEY, ROBERT C 1543 NEWCASTLE WAY PENSACOLA, FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Farley, Robert C. 1095 Crane Cove Blvd, Gulf Breeze, FL 32563	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FARLEY, AIMEE O 1543 NEWCASTLE WAY PENSACOLA, FL 32534	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Farley, Aimee O. 1095 Crane Cove Blvd, Gulf Breeze, FL 32563	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: x [signature] Robert Farley x 1-31-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #