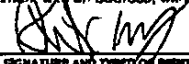


FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90331 032 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000001731			
1. Entry Name BO FARLEY, INC.			
Principal Place of Business 1543 NEWCASTLE WAY PENSACOLA, FL 32534 US		Mailing Address 1543 NEWCASTLE WAY PENSACOLA, FL 32534 US	
2. Principal Place of Business 1095 Crane Cove Blvd		3. Mailing Address 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 ☐		58.75 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 filer if applicable. (NOTE: Registered Agent signature required when reappointing) 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-STATE-ZIP	P FARLEY, ROBERT C 1543 NEWCASTLE WAY PENSACOLA, FL 32534 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P Farley, Robert C. 1095 Crane Cove Blvd, Gulf Breeze, FL 32563 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP FARLEY, AIMEE O 1543 NEWCASTLE WAY PENSACOLA, FL 32534 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP Farley, Aimee O. 1095 Crane Cove Blvd, Gulf Breeze, FL 32563 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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)(f), 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  Robert Farley		x 1-31-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Deadline Phone #	

50037969



01242005 Chg-P CR2E034 (10/03)