## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE: Robert C.

changed, or on an attachment with an address, with all other-like empowered

## Feb 01, 2008 8:00 am **Secretary of State DOCUMENT # P04000001731** 1. Entity Name 02-01-2008 90016 048 \*\*\*150.00 BO FARLEY, INC. Principal Place of Business Mailing Address 1095 CRANE COVE BLVD 1095 CRANE COVE BLVD GULF BREEZE, FL 32563 GULF BREEZE, FL 32563 US 01222008 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 83-0381371 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FARLEY, ROBERT C DO NOT WRITE 1095 GRANE COVE BLVD GULF BREEZE, FL 32563 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE FARLEY, ROBERT C NAME 1095 CRANE COVE BLVD STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32563 TITLE FARLEY, AIMEE O NAME STREET ADDRESS 1095 CRANE COVE BLVD CITY-ST-ZIP GULF BREEZE, FL 32563 TATLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this fifting does not qualify for the exemptions contained 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 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

1-25.08

FILED