2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2005 8:00 am Secretary of State

DOCUMENT # P04000027663 1. Entity Name BRUCE H. BOKOR, P.A.						04-28-2005 90191 040 ***150.00				
Principal Place	e of Business	Mailing Address			┪	286	1000,	>		
911 CHESTNUT ST 911 CHESTNUT ST CLEARWATER, FL 33756 CLEARWATER, FL 33756						747				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Numb 20-07			<u> </u>	plied For	
Zip	Country	Zip	Count	try	1	of Status Desired		8.75 Add	litional	
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R	legistered A	gent		
BOKOB B	RUCE H		ŀ	Name						
BOKOR, BRUCE H 911 CHESTNUT ST CLEARWATER, FL 33756				Street Address	(P.O. Box Numb	er is Not Acceptable	e)			
			İ	City			FL	Zip Cod	е	
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	ed office or regist	ered agent, or bo	th, in the State of Flo	orida. I am fa	miliar with,	and accept	
SIGNATURE									•	
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered	d Agent signature requir	ed when reinstating)		DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55(9. Election Campai Trust Fund Conti			5.00 May Be Ided to Fees		-			
	ay 1, 2005 Fee will be \$550				Ided to Fees	/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
After Ma	ay 1, 2005 Fee will be \$550	0.00 Trust Fund Contr	tin.		ADDITIONS P, S, T	, D		DIRECTOR:	S IN 11	
After Ma	ay 1, 2005 Fee will be \$550	D.00 Trust Fund Control ID DIRECTORS	11. TITLE	Ac A	ADDITIONS P, S, T	, D Bokor		Change	Addition	
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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 priner like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOD Bruce H. Bokor 4

727.461.1818

19/04

Daytime Phone #