## 2007 FOR PROFIT CORPORATION

## ANNUAL REPORT

## DOCUMENT # P04000082878 1. Entity Name



FILED

Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90056 036 \*\*\*150.00

BOUCHLAS ENTERPRISES, INC. Principal Place of Business Mailing Address THAPTOON 2003 HARBOUR WATCH CIR 2003 HARBOUR WATCH CIR TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34689 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-1106632 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Cartificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOUCHLAS, CONSTANTINE G DR Street Address (P.O. Box Number is Not Acceptable) 2003 HARBOUR WATCH CIR TARPON SPRINGS, FL 34689 Zip Code 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** TITLE ☐ Delete TITLE Change Addition BOUCHLAS, CONSTANTINE G DR NAMÉ STREET ADDRESS 2003 HARBOUR WATCH CIR STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP TITLE ☐ Defete TETLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME MARAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 receives or trustee employered to execute this report as repulsed by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an apprecias, with all objectives.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

☐ Delete

Delete

Daytime Phone #

☐ Change

☐ Change

Addition

■ Addition