

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000159202

Entity Name: BOOGAART AGENCY INC.

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

763 SW SOUTH MACEDO BLVD  
PORT ST. LUCIE, FL 34983

## **New Principal Place of Business:**

963 SE CENTRAL PARKWAY  
STUART, FL 34994

## **Current Mailing Address:**

763 SW SOUTH MACEDO BLVD  
PORT ST. LUCIE, FL 34983

## **New Mailing Address:**

963 SE CENTRAL PARKWAY  
STUART, FL 34994

FEI Number: 16-1710947

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BOOGAART, MICHAEL  
763 SW SOUTH MACEDO BLVD  
PORT ST. LUCIE, FL 34983 US

## **Name and Address of New Registered Agent:**

BOOGAART, MICHAEL  
963 SE CENTRAL PARKWAY  
STUART, FL 34994 US

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.

SIGNATURE: MICHAEL BOOGAART

04/20/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P/D  
Name: BOOGAART, MICHAEL  
Address: 963 SE CENTRAL PARKWAY  
City-St-Zip: STUART, FL 34994

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL BOOGAART

PRES

04/20/2010

Electronic Signature of Signing Officer or Director

Date