


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90497 039 ***150.00

DOCUMENT # P04000162708					
1. Entity Name T R BOGEY'S, INC.					
Principal Place of Business 1090 HYACINTH AVE. SEBRING, FL 33875			Mailing Address 1090 HYACINTH AVE. SEBRING, FL 33875		
2. Principal Place of Business 3129 GOLFVIEW RD Suite, Apt. #, etc. Sebring City & State Florida Zip 33875		3. Mailing Address 3129 GOLFVIEW RD Suite, Apt. #, etc. Sebring City & State Florida Zip 33875			
Country USA		Country USA		02022005 Chg-P CR2E034 (10/03)	
4. FEI Number 52-2446858				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BANKO, RICHARD J. 1090 HYACINTH AVE. SEBRING, FL 33875			7. Name and Address of New Registered Agent Name THOMAS E MCCLURG Street Address (P.O. Box Number is Not Acceptable) 5333 CAIRO DRIVE City SEBRING, FL FL Zip Code 33875		
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 <u>Tom Mcclurg</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>4/23/05</u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	PS MCCLURG, THOMAS E. 5333 CAIRO DRIVE SEBRING, FL 33875	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BANKO, RICHARD J. 1090 HYACINTH AVE. SEBRING, FL 33875	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 other like empowered.					
SIGNATURE: <u>Tom Mcclurg, TOM MCCLURG</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4/23/05</u> Daytime <u>863-385-8981</u>	