

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90002 011 ***158.75

DOCUMENT # P05000012530 1. Entity Name BOLDEN ENTERPRISES, INC.					
Principal Place of Business 4977 GARY DRIVE FORT MYERS, FL 33905			Mailing Address 4977 GARY DRIVE FORT MYERS, FL 33905		
2. Principal Place of Business PO Box 2605 Suite, Apt. #, etc.		3. Mailing Address PO Box 2605 Suite, Apt. #, etc.			
City & State FT Myers, Florida Zip 33902 Country USA		City & State FT Myers, Florida Zip 33902 Country USA		4. FEI Number 202229492	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION 1281 E SAMPLE ROAD POMPANO BEACH, FL 33064			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when resetting) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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	P BOLDEN, HALBROOK JR. 4977 GARY DRIVE FORT MYERS, FL 33905 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BOX 2605 FT MYERS, FL 33902 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Halbrook Bolden Jr. P.O. Box 2605 Ft. Myers, FL 33902 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Halbrook Bolden Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-15-06 - (239) 357-2184 <small>Date Daytime Phone #</small>		

Document # P05000012530
Halbrook Bolden JR
PO Box 2605, FT Myers, FL 33902

ATTACHMENT
50022940

7/15/06

To Whom it may concern,

The Fee's I am paying now were previously paid. I spoke with a representative and she advised me to pay the \$150.00 fee to file this report and you will check your files, then send me a refund of \$150.00 which I have over paid. If you have any questions in reference to this matter please call me at (239) 357-2184.

Thank you,

Halbrook Bolden Jr.
Halbrook Bolden JR.
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