y ≥ 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2008 08:00 Al Secretary of State

ANNUAL REPORT				Apr 10, 2000 00.			
1. Entity Nam	MENT # P050000437				Secreta	ry of S	
BOOKGE	OIS ENTERFRISES INC						
Principal Plac	e of Business	Mailing Address	1				
3809 IDLEW PENSACOLA,		3809 IDLEWOOD DR Pensacola, FL 32505					
						1 11 111 11111 11111 111	
							
				04142008	No Chg-P	CR2E034 (11/	05)
, L	O NO! WRITE	IN THIS SPA	UE	4. FEI Numbe 20-2580			Applied For Not Applicable
a,					of Status Desired	\$8.75	Additional
***	6. Name and Address of Current Re	gistered Agent	199 (1997)	 			
HICKEY, RAYMOND G			P	i Do	NOT W	RITE	
913 GULF BREEZE PKWY STE 5				5 AND TO E	HIS SP	na fair an 11 bh an 11 an aite	
GULF BRE	EEZE, FL 32561				HIS SE	AUD TO	
	named entity submits this statement for tions of registered agent.	ne purpose of changing its register	ed office or register	ed agent, or both	n, in the State of Flo	rida. I am familiar v	vith, and accept
SIGNATURE_							
	Signature, typed or printed name of registered agent and	sittle il applicable (NOTE: Registere	d Agent signature required	when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be ed to Fees	0000 04/28/0	00839153 8-80027-02	22 150.00
10.	OFFICERS AND DI	RECTORS	4 - 4 - 4	in the second		RIJA AS	(0) ₁ (10) 1, 3 (1)
TITLE NAME	PD BOURGEOIS, DENNIS R						
STREET ADDRESS CITY-ST-ZIP	3809 IDLEWOOD DR PENSACOLA, FL 32505						
TITLE NAME							
STREET ADDRESS							
TITLE							
NAME STREET ADDRESS] 4 4 5 4-4 1/2 6 4 6
CITY-ST-ZIP				, DO	NOT W	RITE	
TITLE NAME				IN 7	THIS SF	PACE	
STREET ADDRESS CITY-ST-ZIP							
TITLE NAME							
STREET ADDRESS							San Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan
TITLE				* 10 * 10 * 10	羅伊 數次		

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 suppliemental 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 regarder or trustee employered 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 otherwise empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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