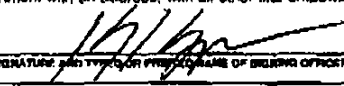


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FILED
Mar 20, 2006 8:00 am
Secretary of State

03-06-2006 90030 046 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000078141					
1. Entity Name BOGART'S, INCORPORATED					
Principal Place of Business 1660 THISTLE LANE PONCE DE LEON FL 32455			Mailing Address PO BOX 1368 DEFUNIAK SPRINGS FL 32435		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		E. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SASSENACH LAND CORPORATION, INC. 1664 THISTLE LANE PONCE DE LEON FL 32455				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 registering) DATE _____					
FILE NOW!! FEE IS \$150.00 After May 1, 2008 fee will be \$650.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P, S	☐ Delete			
NAME	KOZLOWSKI, KATHE				
STREET ADDRESS	1660 THISTLE LANE				
CITY-ST-ZIP	PONCE DE LEON FL 32455				
TITLE	VP, T	☐ Delete			
NAME	KOZLOWSKI, FRANK A				
STREET ADDRESS	1660 THISTLE LANE				
CITY-ST-ZIP	PONCE DE LEON FL 32455				
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
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TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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:  2/24/06 521 735-4378					
SIGNATURE:  3/15/06					