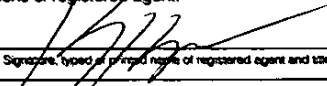
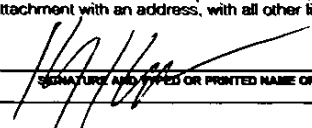


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90191 009 ***150.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04182007 Chg-P CR2E034 (12/06)	
4. FEI Number 75-3192496				Applied For ☐ Not Applicable	
5. 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 KATHE KOZLOWSKI, Esq Street Address (P.O. Box Number is Not Acceptable) 1662 THISTLE LANE City PONCE DE LEON FL Zip Code 32455		
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 		KATHE KOZLOWSKI (NOTE: Registered Agent signature required when re-registering)		4/18/07 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P, S KOZLOWSKI, KATHE 1660 THISTLE LANE PONCE DE LEON, FL 32455	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1662 THISTLE LANE PONCE DE LEON FL 32455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T KOZLOWSKI, FRANK A 1660 THISTLE LANE PONCE DE LEON, FL 32455	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1662 THISTLE LANE PONCE DE LEON FL 32455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		4/18/07 850956-2224 DATE DAYTIME PHONE #			