

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90032 008 \*\*\*158.75

<b>DOCUMENT # P05000088350</b> 1. Entity Name <b>BOGAN'S CONCRETE INC</b>					
Principal Place of Business <b>216 HICKORY LOT C FORT WALTON BEACH, FL 32548 US</b>			Mailing Address <b>216 HICKORY LOT C FORT WALTON BEACH, FL 32548 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>26-4833894</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ALL FLORIDA FIRM INC 813 DELTONA BLVD SUITE A DELTONA, FL 32725</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BOGAN, CARLOS</b> <b>216 HICKORY LOT C</b> <b>FORT WALTON BEACH, FL 32548</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>BOGAN, CRAIG</b> <b>216 HICKORY LOT C</b> <b>F-WALTON BCH, FL 32548</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HUTCHINS, CICELY</b> <b>216 HICKORY LOT C</b> <b>FORT WALTON BEACH, FL 32548</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRET/BOOKKEEPER</b> <b>KING, GREGORY D</b> <b>191 CORAL DRIVE</b> <b>FT WALTON BCH, FL 32548</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DOUGLAS, CHIQUEDA</b> <b>216 HICKORY LOT C</b> <b>FORT WALTON BEACH, FL 32548</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOGAN, CRAIG</b> <b>216 HICKORY LOT C</b> <b>FORT WALTON BEACH, FL 32548</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOGAN, CARLOS</b> <b>216 HICKORY LOT C</b> <b>FWR, FL 32548</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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.					
<b>SIGNATURE: CRAIG BOGAN - PRESIDENT 7/23/08 850 585 7232</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					

**GREGORY D. KING - SECRET/BOOKKEEPER 850-244-8626**

ATTACHMENT

PRESIDENT

CRAIG BOGAN

216 HICKORY LOT C

FORT WALTON BEACH, FL. 32548 US

60045593

#P05000088350

CHANGE

S/M

GREGORY D. KING

191 CORAL DRIVE

FORT WALTON BEACH, FL. 32548 US

CHANGE

\* Pres PH# 850 585-7232

\* S/M PH# 850 ~~226~~ 244-8626 office  
850 226-1681 CELL

60045593

FLORIDA DEPARTMENT OF STATE  
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## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

**\*\* The document number, business name and file date cannot be changed on the report. \*\***

Document Number P05000088350

Business Entity Name BOGAN'S CONCRETE INC

Original File Date 06/20/2005

FEI Number 26-4833894

Principal Address 216 HICKORY LOT C  
FORT WALTON BEACH, FL 32548 US

Mailing Address 216 HICKORY LOT C  
FORT WALTON BEACH, FL 32548 US

Registered Agent ALL FLORIDA FIRM INC  
813 DELTONA BLVD  
SUITE A  
DELTONA, FL 32725 US

### Officer/Director Name And Address

P  
CARLOS BOGAN  
216 HICKORY LOT C  
FORT WALTON BEACH, FL 32548 US

S  
CICELY HUTCHINS  
216 HICKORY LOT C  
FORT WALTON BEACH, FL 32548 US

T  
CHIQUEDA DOUGLAS  
216 HICKORY LOT C  
FORT WALTON BEACH, FL 32548 US

D  
CRAIG BOGAN  
216 HICKORY LOT C  
FORT WALTON BEACH, FL 32548 US

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above  
information is correct and

If you need to make  
changes to the above

ATTACHMENT

you do not wish to make  
any changes, please  
select:

No Changes

information, please  
select:

Make Changes

60045593  
# P05000088350

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