

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4 **FILED**
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90406 015 ***150.00

DOCUMENT # P05000099100

1. Entity Name
B & M OGLE, INC.



Principal Place of Business
**4767 RIDGEMORE CIRCLE
PALM HARBOR, FL 34685**

Mailing Address
**4767 RIDGEMORE CIRCLE
PALM HARBOR, FL 34685**

66015030

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122006

Chg-P

CR2E034 (11/05)

4. FEI Number

01-0840064

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OGLE, BRUCE
4767 RIDGEMORE CIRCLE
PALM HARBOR, FL 34685**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

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**\$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
**PS
OGLE, BRUCE
4767 RIDGEMORE CIRCLE
PALM HARBOR, FL 34685**

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TITLE
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OGLE, MELISSA A
4767 RIDGEMORE CIRCLE
PALM HARBOR, FL 34685**

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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

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

Date

727-793-4773

Daytime Phone #