

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90138 001 ***450.00

DOCUMENT # P06000050486

1. Entity Name
BOXODOCS, INC.



Principal Place of Business
205 WALNUT ST. - UP
NEPTUNE BEACH, FL 32266

Mailing Address
PO BOX 330298
ATLANTIC BEACH, FL 32233

66005967



2. Principal Place of Business - No P.O. Box #
50 SW 1st Avenue

3. Mailing Address
3101 SW 34th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#905-106

01292007 Chg-P CR2E034 (12/06)

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
20-4693987

Applied For
Not Applicable

Zip
34474

Country
USA

Zip
34474

Country
USA

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

DAVIS, LORRY S M.ED.
205 WALNUT ST. - UP
NEPTUNE BEACH, FL 32266

Name
Chester J. Trow, P.A.
Street Address (P.O. Box Number is Not Acceptable)
21 North Magnolia Avenue
Second Floor
City
Ocala FL 34475

8. The above named entity submits this statement of 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 Thomas J. Dobbins 3/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 P ☐ Delete
NAME SIMS, DOROTHY C ESQ
STREET ADDRESS PO BOX 268
CITY-ST-ZIP MCINTOSH, FL 32664

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ADM ☒ Delete
NAME DAVIS, LORRY S M.ED.
STREET ADDRESS PO BOX 332298
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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:

Dorothy C. Sims

3/14/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #