


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000074163		
1. Entity Name THE LOOSE CABOOSE OF BOCA GRANDE, INC.		

Principal Place of Business P.O. BOX 1112 BOCA GRANDE, FL 33921	Mailing Address P.O. BOX 1112 BOCA GRANDE, FL 33921
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2. Principal Place of Business - No P.O. Box # 433 W 4th Street	3. Mailing Address PO Box 1112
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boca Grande FL	City & State Boca Grande FL
Zip 33921	Zip 33921
Country USA	Country USA



6. Name and Address of Current Registered Agent BOUDREAU, JACQUES 433 W 4TH STREET BOCA GRANDE, FL 33921	
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4. FEI Number 20-5257767	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
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 <u>BH Boudreau</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>10/7/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00		In accordance with s. 607.193(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	D BOUDREAU, JACQUES 6753 THORMAN ROAD PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400110746364 10/12/07--01068--010 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOUDREAU, BLANCHE 6753 THORMAN ROAD PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.	
SIGNATURE: <u>BH Boudreau</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>10/7/07</u> DAYTIME PHONE # <u>841 421-2805</u>