

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023732

**FILED**  
**Jul 14, 2009**  
**Secretary of State**

**Entity Name:** BOHN MANAGEMENT CORPORATION

**Current Principal Place of Business:**

1320 BUENA VISTA BLVD OFFICE  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16567  
PANAMA CITY, FL 32405

**New Mailing Address:**

**FEI Number:** 59-3173024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOHN, JUDITH  
310 MOON LIGHT BAY DR  
PANAMA CITY BEACH, FL 32407 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BOHN, JUDITH  
Address: 310 MOON LIGHT BAY DR  
City-St-Zip: PANAMA CITY BEACH, FL 324073

Title: D ( ) Delete  
Name: BOHN, HERMANN  
Address: 310 MOONLIGHT BAY DR  
City-St-Zip: PANAMA CITY BEACH, FL 32407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: BOHN, HERMANN  
Address: 310 MOONLIGHT BAY DR  
City-St-Zip: PANAMA CITY BEACH, FL 32407

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH BOHN

PD

07/14/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date