

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-07-2007 90036 024 ***150.00

DOCUMENT # P94000042174					
1. Entity Name BOLEY & FATTORI, FINANCIAL MANAGEMENT SERVICES INC.					
Principal Place of Business 7880 SE SHENANDOAH DR HOBE SOUND, FL 33455 US			Mailing Address P.O. BOX 1103 HOBE SOUND, FL 33475 US		
2. Principal Place of Business - No P.O. Box # 5180 SE Sweetbriar TERR		3. Mailing Address Suite, Apt. #, etc.			
City & State Hobe Sound, FL		City & State		4. FEI Number 65-0496103	
Zip 33455		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOLEY, LESLIE S 7880 SE SHENANDOAH HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5180 SE Sweetbriar TERR City Hobe Sound FL Zip Code 33455		
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 _____ (NOTE: Registered Agent signature required when registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FATTORI, ARMAND T STREET ADDRESS P.O. BOX 1103 CITY-ST-ZIP HOBE SOUND, FL	<input type="checkbox"/> Delete		TITLE H NAME HASSE, STEPHANIEL STREET ADDRESS P.O. BOX 1103 CITY-ST-ZIP HOBE SOUND, FL 33475	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME BOLEY, LESLIE S STREET ADDRESS P.O. BOX 1103 CITY-ST-ZIP HOBE SOUND, FL	<input type="checkbox"/> Delete		TITLE H NAME HASSE, STEPHANIEL STREET ADDRESS P.O. BOX 1103 CITY-ST-ZIP HOBE SOUND, FL 33475	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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	
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	
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>Stephanie L. Hasse</u>			2/5/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		