

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90027 009 ***150.00

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1. Entity Name
**BOLEY & FATTORI, FINANCIAL MANAGEMENT
SERVICES INC.**



Principal Place of Business
**5180 SE SWEETBRIK TERR,
HOBE SOUND, FL 33455 US**

Mailing Address
**P.O. BOX 1103
HOBE SOUND, FL 33475 US**

40008918



2. Principal Place of Business - No P.O. Box #
5180 SE SWEETBRIER TERR

3. Mailing Address
Suite, Apt. #, etc.

City & State
Hobe Sound, FLORIDA

City & State

Zip
33455

Country
USA

Zip

Country

01182008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0496103

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOLEY, LESLIE S
5180 SE SWEETBRIER TERR.
HOBE SOUND, FL 33455**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FATTORI, ARMAND T**
STREET ADDRESS **P.O. BOX 1103**
CITY-ST-ZIP **HOBE SOUND, FL**

TITLE **ST** ☐ Delete
NAME **BOLEY, LESLIE S**
STREET ADDRESS **P.O. BOX 1103**
CITY-ST-ZIP **HOBE SOUND, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
NAME **Stephanie L. MASSE**
STREET ADDRESS **P.O. Box 1103**
CITY-ST-ZIP **HOBE SOUND, FL 33475**

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

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

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:

Stephanie L. Masse, Stephanie L. Masse

1/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #