## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

## Feb 16, 2006 08:00 AM Secretary of State DOCUMENT # P94000062542 BOCO EQUIPMENT LEASING, INC. Principal Place of Business Mailing Address 5374 MONTEREY CIRCLE 5374 MONTEREY CIRCLE DELRAY BEACH FL 33484 DELRAY BEACH FL 33484 3. Mading Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CB2E034 (10/05) Applied For City & State 4. FEI Number City & State 65-0517353 Hat Applica Cauntry Country \$8.75 Additional Zip Zia 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAHL, BONNIE A Street Address (P.O. Box Number is Not Acceptable) 5374 MONTEREY CIRCLE #97 DELRAY BEACH FL 33484 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 according the obligations of registered agent. DATE Signature, typed or printed name of registered agent and time if applicable INOTE Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Add Delete THE U00000436324 TOTALE חו NAME NAME BAHL, BONNIE 02/27/06-80033-002 150.00 STREET ADDRESS STREET ADDRESS 5374 MONTEREY CIRCLE #97 C)79 - ST - 702 CITY-ST-ZIP DELRAY BEACH FL 33484 Change □ F<sup>N an</sup> TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP ■ A4.\*\* ☐ Defete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS C37Y-S7-7IP CITY-ST-ZIP □ Change □ Maria Delete TITLE TITLE NAME NAME STREET ADDRESS STREET AODRESS CHY-SI-77P CITY-ST-ZIP ☐ Chance □ A4655 ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-IP C)7Y - ST - Z)P Defete HRLE ☐ Change □ Add" TIT).E NAME NAME STREET ADDRESS STREET ADDRESS CSTY - ST - LSP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes I turther 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 directed 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 1 if changed, or on an attachment with an address, with all other find empowered.

**FILED** 

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