


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90141 033 ***150.00

DOCUMENT # P94000081767					
1. Entity Name BOGARDUS EQUIPMENT & SUPPLIES CORP.					
Principal Place of Business 11117 WEST OKEECHOBEE ROAD., STE 210 HIALEAH GARDENS, FL 33018			Mailing Address 11117 WEST OKEECHOBEE ROAD., STE 210 HIALEAH GARDENS, FL 33018		
2. Principal Place of Business <i>11115 W. Okee Rd</i>			3. Mailing Address <i>11115 W. Okee Rd</i>		
Suite, Apt. #, etc. <i>#12</i>			Suite, Apt. #, etc. <i>#12</i>		
City & State <i>Hialeah Gardens</i>			City & State <i>Hialeah Gardens</i>		
Zip <i>33018</i>		Country <i>Fla</i>		Zip <i>33018</i>	
Country <i>Fla</i>		4. FEI Number 65-0533305			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BOGARDUS, NEVILLE 11117 WEST OKEECHOBEE ROAD., STE 210 HIALEAH GARDENS, FL 33018			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>11115 W. Okee Rd</i> <i>#12</i> City <i>Hialeah Gardens</i> FL Zip Code <i>33018</i>		
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 reinstalling) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGARDUS, NEVILLE 11117 WEST OKEECHOBEE ROAD., STE 210 HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11115 W. Okee Rd #12</i> <i>Hialeah Gardens FL 33018</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>			Date <i>3/10/05</i> Daytime Phone # <i>(305) 556-1026</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					