


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90026 030 \*\*\*150.00

<b>DOCUMENT # P94000081767</b>					
<b>1. Entity Name</b> BOGARDUS EQUIPMENT & SUPPLIES CORP.					
<b>Principal Place of Business</b> 11115 W OKEE RD #12 HIALEAH, FL 33018			<b>Mailing Address</b> 11115 W OKEE RD #12 HIALEAH, FL 33018		
<b>2. Principal Place of Business</b> <i>11117 W Okee Rd.</i> Suite, Apt. #, etc. <i>#210</i>			<b>3. Mailing Address</b> <i>11117 W. Okee Rd.</i> Suite, Apt. #, etc. <i>#210</i>		
<b>City &amp; State</b> <i>Hialeah</i>			<b>City &amp; State</b> <i>Hialeah</i>		
<b>Zip</b> <i>33018</i>		<b>Country</b> <i>USA</i>		<b>4. FEI Number</b> 65-0533305	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BOGARDUS, NEVILLE 11115 W OKEE RD #12 HIALEAH GARDENS, FL 33018			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOGARDUS, NEVILLE 11115 W OKEE RD #12 HIALEAH GARDENS, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>11117 W. Okee choker Rd.</i> <i>#210</i> <i>Hialeah, FL 33018</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> _____			2/13/06 (305) 590-1026		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		