2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000020387

1. Entity Name

EVE A. BOGGESS, O.D. P.A.



FILED Apr 05, 2007 08:00 All Secretary of State

Principal Place of Business

4117 W. HENDERSON BLVD. TAMPA, FL 33629 Mailing Address

4117 W. HENDERSON BLVD. TAMPA, FL 33629



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3312013

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and Address	of Currer	nt Registered	Agent

BOGGESS-GEIS, EVE A 4117 W. HENDERSON BLVD. TAMPA, FL. 33629

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•	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	D	ATE	
SIC	GNATURE				
	the obligations of registered agent.				
••	The above hames charly continue the statement for the purpose of charle	ging its registered critics of registeres again, or se	in a minimum office of the management		,op.

8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. Lam familiar with, and accept

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

> 000000691646 04/13/07-80019-005 150:00

10. OFFICERS AND DIRECTORS TITLE BOGGESS-GEIS, EVE A NAME STREET ADDRESS 4117 W. HENDERSON BLVD. CITY-ST-ZIP TAMPA, FL 33629 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 yith an address, with all other like empowered.

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BIGNATURE AND FREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

EVE Bogges Geis

01-04.07 83.207898

-Date

Daytime Phone #