2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90034 045 ***150.00

DOCUMENT # P96000014847

1. Entity Name
BOGUS PRINTING, INC.

Principal Place of Business	Mailing Address
320 E INTERLAKE BLVD LAKE PLACID, FL 33852	320 E INTERLAKE BLVD LAKE PLACID, FL 33852

40103906

03012008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
33 Ryant Blvd		33 Ryant Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Sebring, FL		City & State: Sebring, FL	
Zip: 33872	Country: US	Zip: 33872	Country: US

4. FEI Number: 65-0668177 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOGUS, PAUL E
320 E INTERLAKE BLVD
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name: Paul E Bogus
Street Address (P.O. Box Number is Not Acceptable): 33 Ryant Blvd
City: Sebring FL Zip Code 33872

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] 4/15/08
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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOGUS, PAUL E 320 E INTERLAKE BLVD LAKE PLACID, FL 33852	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Paul E Bogus 33 Ryant Blvd Sebring FL 33872	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST BOGUS, HELEN E 320 E INTERLAKE BLVD LAKE PLACID, FL 33852	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST Helen E Bogus 33 Ryant Blvd Sebring FL 33872	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 4/15/08 863 385 9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #