

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90198 017 ***150.00

DOCUMENT # P96000083292

1. Entity Name
MICHAEL C. BOEHM & ASSOCIATES, INC.



Principal Place of Business
1952 DAIRY ROAD
WEST MELBOURNE, FL 32904

Mailing Address
1952 DAIRY ROAD
WEST MELBOURNE, FL 32904

60034160



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3275633

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHEY, JAMES H ESQ
200 SOUTH HARBOR CITY BLVD.
SUITE 201
MELBOURNE, FL 32901

Name
Michael C. Boehm
Street Address (P.O. Box Number is Not Acceptable)
1952 Dairy Road

City West Melbourne FL Zip Code 32904

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 Michael C. Boehm

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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 D ☐ Delete
NAME BOEHM, MICHAEL C
STREET ADDRESS 5601 BEACH ELDER WAY
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE PD ☒ Change ☐ Addition
NAME Michael C. Boehm
STREET ADDRESS 4102 Green Oak Dr.
CITY-ST-ZIP Melbourne, FL 32901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Michael C. Boehm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone