## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000048661

**Entity Name:** BOVA CONSTRUCTION, INC.

**FILED** Mar 01, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 308 NORTH 2ND STREET 308 NORTH 2ND STREET PO BOX 668 FLAGLER BEACH, FL 32136 FLAGLER BEACH, FL 32136 **New Mailing Address: Current Mailing Address:** P.O BOX 668 FLAGLER BEACH, FL 32136 FEI Number: 59-3456268 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOBACK, JOHN E SR 590 SPRINGDALE DRIVE US FLAGLER BEACH, FL 32136 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition BOBACK, JOHN E Name: Name: BOBACK, JOHN E 590 SPRINGDALE DRIVE, PO BOX 1996 590 SPRINGDALE DRIVE, PO BOX 1996 Address: Address: City-St-Zip: FLAGLER BEACH, FL 32136 City-St-Zip: FLAGLER BEACH, FL 32136 Title: Title: () Delete (X) Change ( ) Addition Name: BOBACK, ROBYN Name: BOBACK, ROBYN 590 SPRINGDALE DRIVE, PO BOX 1996 590 SPRINGDALE DRIVE, PO BOX 1996 Address: Address: FLAGLER BEACH, FL 32136 FLAGLER BEACH, FL 32136 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition BOBACK, ROBYN Name: Name: 590 SPRINGDALE DRIVE, PO BOX 1996 Address: Address: FLAGLER BEACH, FL 32136 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition BOBACK, JOHN E SR Name: Name: Address: 590 SPRINGDALE DRIVE, PO BOX 1996 Address: City-St-Zip: FLAGLER BEACH, FL 32136 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBYN BOBACK ٧ 03/01/2007