


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90075 024 \*\*\*150.00

<b>DOCUMENT # P97000076601</b> 1. Entity Name <b>BOCIN INTERNATIONAL COMPANY, INC.</b>			
Principal Place of Business <b>981 PINETREE DRIVE INDIAN HARBOR BEACH, FL 32937</b>		Mailing Address <b>981 PINETREE DRIVE INDIAN HARBOR BEACH, FL 32937</b>	
2. Principal Place of Business <b>1680 Highway A1A Suite, Apt. #, etc. #5</b>		3. Mailing Address <b>1680 Highway A1A Suite, Apt. #, etc. #5</b>	
City & State <b>Satellite Beach, FL</b>		City & State <b>Satellite Beach, FL</b>	
Zip <b>32937</b>	Country <b>USA</b>	Zip <b>32937</b>	Country <b>USA</b>
4. FEI Number <b>59-3470891</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOCINSKY, JOHN L 981 PINETREE DRIVE INDIAN HARBOR BEACH, FL 32937</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>1680 Highway A1A #5</b> City <b>Satellite Beach</b> <b>FL</b> Zip Code <b>32937</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.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing 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 <b>P</b>	NAME <b>BOCINSKY, JOHN L</b>	TITLE <b>P</b>	NAME <b>Bocinsky, John L</b>
STREET ADDRESS <b>981 PINETREE DR</b>	CITY-ST-ZIP <b>INDIAN HARBOR BEACH, FL 32937</b>	STREET ADDRESS <b>1680 Highway A1A #5</b>	CITY-ST-ZIP <b>Satellite Beach, FL 32937</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 and all other like empowered.			
SIGNATURE: _____		Date <b>4/4/05</b> Daytime Phone # <b>321-777-7500</b>	