2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State
04-07-2008 90038 010 ***150.00

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1. Entity Name
BOMAR SOFT PLAYGROUNDS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
27618 C.R. 561 BLDG. C TAVARES, FL 32778	P.O. BOX 495 MT. DORA, FL 32757

04042008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
27618 CR 561		PO BOX 495	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ~~MT DORA~~	
City & State: TAVARES, FL.		City & State: MT. DORA, FL.	
Zip: 32778	Country: USA	Zip: 32757	Country: USA

4. FEI Number: 59-3519678 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NICHOLS, MARK S
19821 W. ELDORADO DR.
EUSTIS, FL 32736

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 Mark S. Nichols 4-4-08
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	D NICHOLS, MARK S 19821 W. ELDORADO DR. EUSTIS, FL 32736	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDIS, ROBERT J JR. ~~4109 FORESTER AVE.~~ 3080 LAUREL DR. ~~ORLANDO, FL 32809~~ MT. DORA, FL 32757	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Mark S. Nichols 4-4-08 352-742-9193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #