


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000068152

1. Entity Name
BOFF INVESTMENTS, INC.



Principal Place of Business Mailing Address

942 N. COLLIER BLVD 942 N. COLLIER BLVD
 MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3530050 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORRIS, WILLIAM G
 247 NORTH COLLIER BLVD.
 STE. 202
 MARCO ISLAND, FL 34145

DO NOT WRITE IN THIS SPACE

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 reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

DATE: 01/18/06-80056-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	BRAON-BRASHARES, BARBARA
STREET ADDRESS	942 N. COLLIER BLVD
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	T
NAME	WILSON, TERI
STREET ADDRESS	137 CLYBURN WAY
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	PS
NAME	BOFF, JOSEPH D
STREET ADDRESS	9166 PINNACLE CT.
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **JOSEPH D BOFF** 1-6-06 239 394 910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #