2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000104354

1. Entity Name
BOCA CONSULTING, INC.

Principal Place of Business	Mailing Address
6300 N. WICKHAM ROAD SUITE 130 MELBOURNE, FL 32940	690 WATERWOOD WAY MELBOURNE, FL 32940

DO NOT WRITE IN THIS SPACE

01132008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3547302	Not Applicable

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

6. Name and Address of Current Registered Agent

LONERGAN, THOMAS W
690 WATERWOOD WAY
MELBOURNE, FL 32940

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 _____
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	U000000786291 01/17/08-80034-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	MP
NAME	LONERGAN, THOMAS W
STREET ADDRESS	690 WATERWOOD WAY
CITY-ST-ZIP	MELBOURNE, FL 32940

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _Thomas W. Lonergan_   1/14/08   321-536-5566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #