


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90030 030 \*\*\*150.00

<b>DOCUMENT # P99000011691</b>	
1. Entity Name <b>BOFUS OF VENICE, INC.</b>	

Principal Place of Business <b>981 RIDGEWOOD AVE SUITE 101 VENICE FL 34285 US</b>	Mailing Address <b>981 RIDGEWOOD AVE SUITE 101 VENICE FL 34285 US</b>
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2. Principal Place of Business <b>247 JAMES ST</b>	3. Mailing Address <b>247 JAMES ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>VENICE FL</b>	City & State <b>VENICE FL</b>
Zip <b>34285</b>	Zip <b>34285</b>
Country	Country

1st MOORE	CR2E034 (10/05)
4. FEI Number <b>65-0903622</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BARNHARDT, STEVE 7891 ESTATES DR NORTH PORT FL 34286</b>	
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7. Name and Address of New Registered Agent	
Name <b>STEVE BARNHARDT</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>247 JAMES ST</b>	
City <b>VENICE</b>	FL Zip Code <b>34285</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 *Steve Barnhardt* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BARNHARDT, STEVE 7891 ESTATES DR. NORTH PORT FL 34286 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Section 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: *STEVEN F. BARNHARDT* **STEVEN F. BARNHARDT - 2/9/06 - 941-270-0326**

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