

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90018 032 ***150.00

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1. Entity Name
BOULEVARD AWNING COMPANY



Principal Place of Business
**1788 N. HERCULES AVENUE
CLEARWATER, FL 33765**

Mailing Address
**1788 N. HERCULES AVENUE
CLEARWATER, FL 33765**

40012550



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0966446

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DODGE, BRUCE B JR
1788 N. HERCULES AVENUE
CLEARWATER, FL 33765**

**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**

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	DODGE, BETTY S
STREET ADDRESS	3252 HILARY CR
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	P
NAME	DODGE, BRUCE B JR.
STREET ADDRESS	3252 HILARY CR
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	VP
NAME	DAVID A DODGE
STREET ADDRESS	3766 PENDELBURY
CITY-ST-ZIP	PALM HARBOR FL 34685
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: **BRUCE B DODGE, JR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-08 **727 461 5530**
Date Daytime Phone #