## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S55785

DOCAL CODDODATION

125 LAUREL RIDGE RD

REINHOLDS, PA 17569

Address:

City-St-Zip:

FILED Apr 21, 2004 Secretary of State

Entity Nan	ne: BOCALC	ORPORATION			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
P. O. BOX 342 REINHOLDS, PA 17569			1075 AIRPORT TERM DELAND, FL 32721	1075 AIRPORT TERMINAL DRIVE DELAND, FL 32721	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P. O. BOX 342 REINHOLDS, PA 17569			1075 AIRPORT TERM DELAND, FL 32721	1075 AIRPORT TERMINAL DRIVE DELAND, FL 32721	
FEI Number:	59-3066864	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	ATHY L. BLE CREEK LA EDRA BEACH,		SACKS, CATHY L. 8027 PEBBLE CREEK PONTE VEDRA BEAG	KLANE WEST CH, FL 32082 US	
The above in the State		ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				04/21/2004	
	Electron	c Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SACKS, CATHY 8027 PEBBLE C	Delete L., REEK LANE WEST BEACH, FL 32082	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SACKS, ROBER 8027 PEBBLE C	Delete IT W., PREEK LANE WEST BEACH, FL 32082	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DT () NASS, ROBERT 125 LAUREL RI REINHOLDS, PA	DGE RD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	S () NASS, KERI L	Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT W SACKS DV 04/21/2004