


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90028 008 ***150.00

DOCUMENT # S55785		
1. Entity Name BOCAL CORPORATION		
Principal Place of Business 1075 AIRPORT TERMINAL DRIVE DELAND, FL 32721 905 BISCAYNE BLVD		Mailing Address P.O. Box 529 1075 AIRPORT TERMINAL DRIVE DELAND, FL 32721-0529
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SACKS, CATHY L. 8027 PEBBLE CREEK LANE WEST PONTE VEDRA BEACH, FL 32082		4. FEI Number 59-3066864 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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 reinstating) DATE _____		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SACKS, CATHY L. 8027 PEBBLE CREEK LANE WEST PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SACKS, ROBERT W. 8027 PEBBLE CREEK LANE WEST PONTE VEDRA BEACH, FL 32082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NASS, ROBERT A. 125 LAUREL RIDGE RD. REINHOLDS, PA 17569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NASS, KERI L 125 LAUREL RIDGE RD REINHOLDS, PA 17569	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ ROBERT A. NASS		Date 3-23-2005 Daytime Phone # 3867407355