

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 08:00 AM
Secretary of State

DOCUMENT # S55785

1. Entity Name
BOCAL CORPORATION



Principal Place of Business
**905 BISCAYNE BLVD
DELAND, FL 32721**

Mailing Address
**P.O BOX 529
DELAND, FL 32721**



02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3066864

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SACKS, CATHY L.
8027 PEBBLE CREEK LANE WEST
PONTE VEDRA BEACH, FL 32082**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SACKS, CATHY L.
STREET ADDRESS	8027 PEBBLE CREEK LANE WEST
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	DV
NAME	SACKS, ROBERT W.
STREET ADDRESS	8027 PEBBLE CREEK LANE WEST
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082

TITLE	DTS
NAME	NASS, ROBERT A
STREET ADDRESS	P.O BOX 244
CITY-ST-ZIP	DELAND, FL 32721

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/07-80011-004 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. NASS, DTS

3-13-07

Date

386-7407355

Daytime Phone #