## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # S90580** 

1. Entity Name BOMAR PROPERTIES, INC.



FILED Apr 28, 2008 08:00 AM Secretary of State

Principal Place of Business

1184 TAYLOR AVE Dunedin, Fl 34698 Mailing Address

1184 TAYLOR AVE DUNEDIN, FL 34698



DO NOT WRITE IN THIS SPACE

04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3092367

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SINGER, MARTIN S 1184 TAYLOR AVE DUNEDIN, FL 34698

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

| <ol> <li>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.</li> </ol>  |   |  |              |                                |                                    |        |
|---|---|--|--------------|--------------------------------|------------------------------------|--------|
| SIGNATURE Signature, typed or printed name of registered agent and tale it applicable (NOTE: Registered Agent signature required when rounstating)  DATE  |   |  |              |                                |                                    |        |
| FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.   |   |  | cing         | \$5.00 May Be<br>Added to Fees | U00000927175<br>05/20/08-80097-001 | 158.75 |
| 10.   | OFFICERS AND DIRECTORS  |  |              | <del></del>                    | <u> </u>                           |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>SINGER, ROBERT A<br>1909 FAIRWAY CIR. E<br>DUNEDIN, FL 34698 |  |              | ·                              |                                    |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | ST<br>SINGER, MARTIN S.<br>1184 TAYLOR AVE<br>DUNEDIN, FL 34698   |  | •            | . '                            |                                    |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  | DO NOT WRITE |                                |                                    |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |              | IN '                           | THIS SPACE                         |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |              | ,                              |                                    |        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |              |                                |                                    | ,      |
| 12. I hereby certify that trie 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. |   |  |              |                                |                                    |        |

NAQTIH S. SINKER