


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90032 003 ***150.00

DOCUMENT # P01000092791

1. Entity Name
BOSCO PROPERTIES, INC.



Principal Place of Business Mailing Address
452 W. PALM AIRE DR. **452 W. PALM AIRE DR.**
POMPANO BEACH FL 33069 **POMPANO BEACH FL 33069**

44017040



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
8196 SE PALM HAMMOCK LANE **8196 SE PALM HAMMOCK LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
HOBE SOUND FLORIDA **HOBE SOUND FLORIDA**

Zip Country Zip Country
33455 **U.S.** **33455** **U.S.**

4. FEI Number Applied For
65-1142086 Not Applicable

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

6. Name and Address of Current Registered Agent
VAN OVER, JAMES
452 W. PALM AIRE DR.
POMPANO BCH FL 33069

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: *James E. Vanover* *James E. Vanover* **3/5/04**
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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | VANOVER, JAMES | |
| STREET ADDRESS | 452 W. PALM AIRE DR. | |
| CITY-ST-ZIP | POMPANO BEACH FL 33069 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | DESORAN, VANOVER | |
| STREET ADDRESS | 452 W PALM AIRS DR. | |
| CITY-ST-ZIP | POMPANO BEACH FL 33069 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VANOVER, JAMES | |
| STREET ADDRESS | 8196 SE PALM HAMMOCK LANE | |
| CITY-ST-ZIP | HOBE SOUND, FLORIDA 33455 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VANOVER, DEBORAH | |
| STREET ADDRESS | 8196 SE PALM HAMMOCK LANE | |
| CITY-ST-ZIP | HOBE SOUND, FL, 33455 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: *James E. Vanover* **3/5/04** **772 463-1122**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #