

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90002 033 \*\*\*150.00

**DOCUMENT # P95000084500**

1. Entity Name

**BOSSO-IMHOF ENVIRONMENTAL SERVICES, INC.**



Principal Place of Business

1300 W. GOVERNMENT ST  
 PENSACOLA FL 32501

Mailing Address

1300 W. GOVERNMENT ST  
 PENSACOLA FL 32501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3347205**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**BOSSO, TERRENCE C**  
**1200 WEST GIMBLE STREET**  
**PENSACOLA FL 32501**

7. Name and Address of New Registered Agent

Name **TERRENCE C. BOSSO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1300 W. GOVERNMENT ST**  
 City **PENSACOLA** FL Zip Code **32501**

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, 2004: Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BOSSO, TERRENCE C	
STREET ADDRESS	1200 WEST GIMBLE STREET	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input type="checkbox"/> Delete
NAME	IMHOF, PATRICK JR.	
STREET ADDRESS	1070 EAST BRAINARD STREET	
CITY-ST-ZIP	PENSACOLA FL 32503	
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	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	3222 SAMANTHA DR.	
CITY-ST-ZIP	CANTONMENT, FL 32533	
TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS	1170 ELLISON DR.	
CITY-ST-ZIP	PEUSACOLA FL 32503	
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: *CHRISTOPHER BOSSO* *Terrence C. Boss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04 850-434-1935

Date

Daytime Phone #