


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 01, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # P98000031513**

1. Entity Name  
**BOYS OF 7 RIVERS, INC.**



Principal Place of Business                      Mailing Address

2746 N ESSEX AVE                                      P.O. BOX 1327  
HERNANDO, FL 34442                                      HERNANDO, FL 34442

**DO NOT WRITE IN THIS SPACE**



02052008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3501410</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ABEL, ERIC D ESQ  
2746 N ESSEX AVE  
HERNANDO, FL 34442**

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U000009339965  
05/28/08-80047-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TOBIASSEN, ROY
STREET ADDRESS	1452 N MAN-O-WAR DR
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	D
NAME	ABEL, GLENN N
STREET ADDRESS	895 PRESO ST
CITY-ST-ZIP	HERNANDO, FL 34442
TITLE	D
NAME	YOX, DALE
STREET ADDRESS	335 MAGNOLIA CIRCLE
CITY-ST-ZIP	CRYSTAL RIVER, FL 34428
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:**  **ROY B. TOBIASSEN PRESIDENT**    4/29/08    352-637-6353  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #