

ANNUAL REPORT

DOCUMENT # P98000091914

1. Entity Name
BOSWELL SERVICES, INC.



FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90051 014 ***150.00

Principal Place of Business
2525 1ST AVE N
SAINT PETERSBURG, FL 33713 US

Mailing Address
PO BOX 7125
CLEARWATER, FL 33758 US



2. Principal Place of Business
2256 BURLINGTON AVE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

01202004 Chg-P CR2E034 (10/03)

City & State
ST. PETERSBURG FL

Zip Country
33713 US

City & State
City & State

Zip Country
Zip Country

4. FEI Number
59-3540232

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOSWELL
BOSWELL, STEPHEN D
2525 1ST AVE
SAINT PETERSBURG, FL 33713

7. Name and Address of New Registered Agent

Name
Stephen D. Boswell

Street Address (P.O. Box Number is Not Acceptable)
2256 Burlington Ave.

City St. Petersburg FL Zip Code 33713

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

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME BOSWELL, STEPHEN D
STREET ADDRESS PO BOX 7125
CITY-ST-ZIP CLEARWATER, FL 33758

TITLE STD ☐ Delete
NAME BOSWELL, PATSY D
STREET ADDRESS PO BOX 7125
CITY-ST-ZIP CLEARWATER, FL 33758

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/04 (727) 638-0535