


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000064776
 1. Entity Name
 BOSSO, DENTZAU & IMHOF, INC.



Principal Place of Business
 1300 W GOVERNMENT ST
 PENSACOLA, FL 32501

Mailing Address
 1300 W GOVERNMENT ST
 PENSACOLA, FL 32501



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3590265 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 DENTZAU, MICHAEL W
 1882 LOG RIDGE TRL
 PENSACOLA, FL 32501

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000402107
 02/02/06--80073-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DENTZAU, MICHAEL W
STREET ADDRESS	1882 LOG RIDGE TRAIL
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	VTD
NAME	IMHOF, PATRICK J JR
STREET ADDRESS	1170 ELLISON DR.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VSD
NAME	BOSSO, T CHRISTOPHER
STREET ADDRESS	3222 SAMANTHA DR
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: T. Christopher Bossso T. CHRISTOPHER BOSSO 1/19/06 850-434-1935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #