

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02023

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** BOSSHARDT PROPERTY MANAGEMENT, INC.

**Current Principal Place of Business:**

5532 NW 43 ST  
STE A  
GAINESVILLE, FL 32653 US

**New Principal Place of Business:**

108 B NW 76TH DRIVE  
GAINESVILLE, FL 32607 US

**Current Mailing Address:**

5532 NW 43 ST  
STE A  
GAINESVILLE, FL 32653 US

**New Mailing Address:**

**FEI Number:** 59-3099689      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHEA, JOE  
5532 NW 43RD ST.  
GAINESVILLE, FL 32653 US

**Name and Address of New Registered Agent:**

MOULTON, CLAUDE  
5532 NW 43RD ST.  
GAINESVILLE, FL 32653 US

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.

SIGNATURE: CLAUDE MOULTON      04/30/2004  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPSV ( ) Delete  
Name: BOSSHARDT, CAROL  
Address: 5542 NW 43 STREET  
City-St-Zip: GAINESVILLE, FL

Title: P ( ) Delete  
Name: BOSSHARDT, AARON M  
Address: 5532 NW 43RD ST.  
City-St-Zip: GAINESVILLE, FL 32653

Title: D ( ) Delete  
Name: SHEA, JOE  
Address: 5532 NW 43RD ST.  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: BOSSHARDT, CAROL  
Address: 5542 NW 43 STREET  
City-St-Zip: GAINESVILLE, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MOULTON, CLAUDE  
Address: 5532 NW 43RD ST.  
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON BOSSHARDT      P      04/30/2004  
Electronic Signature of Signing Officer or Director      Date