


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 165169
 1. Entity Name
 BOSTON PROPER, INC.



Principal Place of Business Mailing Address
 ATTN: KEN FISCHER ATTN: KEN FISCHER
 6500 PARK OF COMMERCE BLVD NW 6500 PARK OF COMMERCE BLVD NW
 BOCA RATON, FL 33487 US BOCA RATON, FL 33487 US

DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-0652291 Not Applicable

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

6. Name and Address of Current Registered Agent
 KNIGHT, NEAL W JR
 321 ROYAL POINCIANA PLAZA
 PALM BEACH, FL 33480

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KNIGHT, NEAL JR 321 ROYAL POINCIANA PLAZA S. PALM BEACH, FL 334800431 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COB TIERNAN, MICHAEL W 6500 PARK OF COMMERCE BLVD NW BOCA RATON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V FISCHER, KENNETH C 6500 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U00000317390
 04/20/05-80016-013 150.00

DO NOT WRITE IN THIS SPACE

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: *Ken Fischer* Date: 4/15/05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR