2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 188726 1. Entity Name

BOSKIND DEVELOPMENT INC



FILED Feb 14, 2007 08:00 A Secretary of State

Principal Place of Business

630 E NEW HAVEN AVE.

P.O. BOX 1251

MELBOURNE, FL 32902-1251 US

Mailing Address

630 E NEW HAVEN AVE.

P.O. BOX 1251

MELBOURNE, FL 32902-1251 US



DO NOT WRITE IN THIS SPACE

02112007 CR2E034 (11/05) No Chg-P 4. FEI Number 59-6060833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BOSKIND, R. 262 N. SONARA MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	red office or registered	d agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	*Signature: typed or printed name of registered agent and title i	f applicable. (NOTE: Register	ed Agent signature required wh	hen reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	ection Campaign Financing \$5.00 May Be ust Fund Contribution.		,
10.	OFFICERS AND DIRECT	CTORS	•		•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSKIND, R 262 N. SONORA MELBOURNE, FL				• •
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	,			. 000000636087 02/26/07-80002-016 150.00
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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.

11 FEB 07

321.636.8089