

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 27, 2004 08:00 AM  
Secretary of State

DOCUMENT # 512791

1. Entity Name  
R.C. BOOS CONSTRUCTION, INC.



Principal Place of Business

ROGER BOOS  
4570 U.S. #1  
GRANT, FL 32949

Mailing Address

ROGER BOOS  
4570 U.S. #1  
GRANT, FL 32949

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1714295

Applied For  
Not Applicable

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

8. Name and Address of Current Registered Agent

BOOS, ROGER  
12565 OAK ARBOR LN  
BOYNTON BEACH, FL 33435

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9. 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	P
NAME	BOOS, ROGER C.
STREET ADDRESS	4570 U.S. #1
CITY-ST-ZIP	GRANT, FL 32949
TITLE	ST
NAME	BOOS, MARCELLA
STREET ADDRESS	4570 U.S. #1
CITY-ST-ZIP	GRANT, FL 32949
TITLE	VP
NAME	BOOS, ROGER J
STREET ADDRESS	2275 LINTON RIVER A-4
CITY-ST-ZIP	DELRAY BEACH, FL 33444

000000068660  
02/27/04-80049-022 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date

Daytime Phone #