| 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) | | | | | FILED Feb 20, 2004 08:00 AM |
|---|---|---|----------------|----------------------------|--|
| DOCUMENT # 579526 1. Entity Name BOSLEY BUILDERS, INC. | | | | | Secretary of State |
| Principal Place | e of Business | Mailing Address | <u>,</u> ,,, | | |
| 2876 KNOLLWOOD COURT CLEARWATER FL 33761 US | | 2876 KNOLLWOOD COURT CLEARWATER FL 33761 US | | | F FARAFATS BOILT FARAFA HALAN ANTIN' TATIN' ANN ANTIN' ANN ANN ANN ANN ANN ANN ANN ANN ANN A |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #. etc. | | | MOORE CR2E034 (11/03) |
| City & State | | City & State | | | 4. FEI Number 59-1834383 Applied For Not Applicable |
| Zip | Country | | | my | 5. Certificate of Status Desired Status Period Fee Required |
| 6. Name and Address of Current Registered Agent | | | | Name | 7. Name and Address of New Registered Agent |
| 2876 | LEY, JOHN W. 5 KNOLLWOOD CT. ARWATER FL 34621 | | Street Address | | P.O. Box Number is Not Acceptable) |
| | | | | | FL Zip Code |
| 8. The above the obligate | named entity submits this statement is ons of registered agent. | or the purpose of changing it | s register | ed office or register | ed agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE _ | Signature typed or printed name of registered agen | and the li applicable. (NO | TE. Registeri | a Agent signature required | when relistating) DATE |
| After | LE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.00 Payable to Florida Department of | | <u> </u> | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| 10. | OFFICERS AND PST | | 11. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| NAME STREET ADDRESS | BOSLEY, EDNA L. 2876 KNOLLWOOD CT CLEARWATER FL | | | | U0000058812 U22/20/04-80055-019 150.00 |
| 1 3 | D BOSLEY, JOHN W. 2876 KNOLLWOOD CT CLEARWATER FL | Delete | | ļ | Change Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | | | Change Addition |
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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)(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: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date | | | | | |