

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 680994

Entity Name: BOSWELL, INC.

FILED  
Apr 07, 2009  
Secretary of State

**Current Principal Place of Business:**

2130 JOHN ANDERSON DR,  
ORMOND BEACH, FL 32176 US

**New Principal Place of Business:**

**Current Mailing Address:**

2130 JOHN ANDERSON  
ORMOND BEACH, FL 32176 US

**New Mailing Address:**

FEI Number: 59-2057608

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHESTER, CLARISSA  
2130 JOHN ANDERSON DR,  
ORMOND BEACH, FL 32176 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDT ( ) Delete  
Name: CHESTER, CLARISSA  
Address: 2130 JOHN ANDERSON  
City-St-Zip: ORMOND BCH,, FL 32176

Title: VS ( ) Delete  
Name: CHESTER, DONALD  
Address: 2130 JOHN ANDERSON  
City-St-Zip: ORMOND BCH, FL 32176

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DONALD CHESTER

HUSB

04/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date