


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000003329 1. Entity Name BOSTONCOACH FLORIDA CORP.						<div style="transform: rotate(-15deg);"> FILED 05 APR 27 PM 3:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 82 DEVONSHIRE STREET F7B BOSTON, MA 02109 04				Mailing Address 82 DEVONSHIRE STREET F7B BOSTON, MA 02109 04			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 01-0722453				Applied For Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COOKE, RUSSELL 82 DEVONSHIRE STREET BOSTON, MA 02109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jonathan P. Danforth 82 Devonshire St. Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STEPHENS, TODD J 82 DEVONSHIRE STREET BOSTON, MA 02109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jonathan P. Danforth 82 Devonshire St. Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Secretary FREEDMAN, JAY 82 DEVONSHIRE STREET BOSTON, MA 02109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Laurel M. Watts 82 Devonshire St. Boston, MA 02109		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHT, MICHAEL R 82 DEVONSHIRE STREET BOSTON, MA 02109			<div style="text-align: center;"> 200054121332 05/10/05--01004--019 **150.00 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMMOND, KAREN 82 DEVONSHIRE STREET BOSTON, FL 02109			<div style="text-align: center;"> 200054121332 05/10/05--01004--019 **150.00 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Assistant Secretary STURDY, SUSAN 82 DEVONSHIRE STREET BOSTON, MA 02109			<div style="text-align: center;"> 200054121332 05/10/05--01004--019 **150.00 </div>			
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: <u>Susan Sturdy</u> (617) 563-7000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

Susan Sturdy, Assistant Secretary

T. Roberts APR 27 2005