



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90028 001 \*\*\*150.00


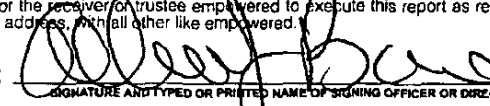
<b>DOCUMENT # G64309</b> 1. Entity Name <b>BOSCO REALTY, INC.</b>					
Principal Place of Business <b>% MARY M. BOSCO</b> <b>1885 AURORA ROAD</b> <b>MELBOURNE, FL 32935</b>			Mailing Address <b>% MARY M. BOSCO</b> <b>1885 AURORA ROAD</b> <b>MELBOURNE, FL 32935</b>		
2. Principal Place of Business <b>% Albert Bosco</b> Suite, Apt. #, etc. <b>1885 Aurora Rd.</b>		3. Mailing Address <b>% Albert Bosco</b> Suite, Apt. #, etc. <b>1885 Aurora Rd.</b>			
City & State <b>Melbourne, FL 32935</b>		City & State <b>Melbourne, FL 32935</b>		4. FEI Number <b>59-2343808</b>	
Zip <b>32935</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALBERT J BOSCO</b> <b>1885 AUROA RD</b> <b>MELBOURNE, FL 32935</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BOSCO, ALBERT J 2179 PINEAPPLE AVE MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOSCO, ALBERT J 2179 PINEAPPLE AVE MELBOURNE, FL 32935		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOSCO, ALBERT J 2179 PINEAPPLE AVENUE MELBOURNE, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Albert Bosco</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>3-5-04</i> Daytime Phone #		

66405134

# Attachment

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2/16/2004-90028-001-\$150.00-\$150.00

DOCUMENT # <b>G 64309</b>			
1. Entity Name <b>Bosco Realty, Inc</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt., Etc. <b>1885 Aurora Road</b>		Suite, Apt., Etc. <b>1885 Aurora Rd</b>	
City & State <b>Melbourne Fla</b>		City & State <b>Melbourne Fla</b>	
Zip <b>32935</b>	Country <b>USA</b>	Zip <b>32935</b>	Country <b>USA</b>
4. FEI Number <b>59-2343808</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <b>Bosco Realty ALBERT BOSCO</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1885 Aurora Rd</b>			
City <b>MELBOURNE</b>			
State <b>FL</b>			
Zip Code <b>32935</b>			
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 _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS Bosco, Albert J 2179 Pineapple Ave Melbourne, Fla 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Bosco, Albert J 2179 Pineapple Ave Melbourne, Fla 32935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Bosco, Albert J 2179 Pineapple Ave Melbourne, Fla 32935	<b>DO NOT WRITE IN THIS SPACE</b>	
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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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		2/10/2004 321-2590549	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034B (12/02)