

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90020 022 \*\*\*150.00

<b>DOCUMENT # J44118</b> 1. Entity Name WILLIAM R. BOOSE, III, P.A.					
Principal Place of Business C/O WILLIAM R. BOOSE, III 515 N. FLAGLER DRIVE, NORTHBRIDGE TWR. I WEST PALM BEACH, FL 33401			Mailing Address C/O WILLIAM R. BOOSE, III 515 N. FLAGLER DRIVE, NORTHBRIDGE TWR. I WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # <b>631 US Highway ONE</b> Suite, Apt. #, etc. <b>Suite 305</b> City & State <b>North Palm Beach, FL</b> Zip <b>33408</b> Country <b>USA</b>		3. Mailing Address <b>631 US Highway ONE</b> Suite, Apt. #, etc. <b>Suite 305</b> City & State <b>North Palm Beach, FL</b> Zip <b>33408</b> Country <b>USA</b>			
4. FEI Number <b>59-2735657</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  BOOSE, WILLIAM R., III 515 N. FLAGLER DRIVE NORTHBRIDGE TOWER I, 19TH FLOOR WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name <b>RANKIN, COTTIE E.</b> Street Address (P.O. Bpx Number is Not Acceptable) <b>631 US Highway ONE</b> <b>Suite 305</b> City <b>North Palm Beach</b> FL Zip Code <b>33408</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  DATE <b>1/18/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME BOOSE, WILLIAM R., III STREET ADDRESS 515 N. FLAGLER DR. CITY-ST-ZIP WEST PALM BEACH, FL	<input type="checkbox"/> Delete		TITLE D/PR NAME BOOSE, WILLIAM R. III STREET ADDRESS 631 US Highway ONE, Ste 305 CITY-ST-ZIP North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE VP/SEC NAME COTTIE E. RANKIN STREET ADDRESS 631 US Highway ONE, Ste 305 CITY-ST-ZIP North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" 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	
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 exemptions contained 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 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 information.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>WILLIAM R. BOOSE III</b>			Date <b>1/18/08</b> Daytime Phone # <b>561-310-7809</b>		