2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000047058

1. Entity Name
BOSCO AND SONS, L.L.C.

Principal Place of Business	Mailing Address
9490 - 56TH STREET NORTH PINELLAS PARK, FL 33782	9490 - 56TH STREET NORTH PINELLAS PARK, FL 33782

DO NOT WRITE IN THIS SPACE

02082005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
04-3780242
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOSCO, MARY H
6596 MANGO AVENUE SOUTH
ST. PETERSBURG, FL 33707-2212

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BOSCO, ALAN J
STREET ADDRESS	9490 - 56TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	MGRM
NAME	BOSCO, STEVEN G
STREET ADDRESS	6165 - 101ST AVENUE NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33782
TITLE	MGRM
NAME	BOSCO, JOHN R SR.
STREET ADDRESS	6596 MANGO AVENUE SOUTH
CITY-ST-ZIP	ST. PETERSBURG, FL 337072212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: John R. Bosco Sr. 2/8/05 (727)347-9533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #