

## ANNUAL REPORT

DOCUMENT # P00000024267

1. Entity Name

BOSLEY REAL ESTATE GROUP, INC.



Principal Place of Business

2023 MORNING SUN LANE  
NAPLES, FL 34119 US

Mailing Address

2023 MORNING SUN LANE  
NAPLES, FL 34119 USMay  
Se

04182006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3644436

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOSLEY, GILBERT F  
2023 MORNING SUN LANE  
NAPLES, FL 34119DO NOT WRITE  
IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.009. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees1000000545522  
05/11/06-80078-024 150.00

## 10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOSLEY, GILBERT F
STREET ADDRESS	2023 MORNING SUN LANE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	BOSLEY, LINDA F
STREET ADDRESS	2023 MORNING SUN LANE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06

Date

239-269-7116

Daytime Phone #