

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90404 009 ***150.00

DOCUMENT # P00000065914

1. Entity Name
THOMAS D. BOSTRUP, INC.



Principal Place of Business
**2972 TURTLE DOVE TRAIL
 DELAND, FL 32724**

Mailing Address
**2972 TURTLE DOVE TRAIL
 DELAND, FL 32724**

50012418



2. Principal Place of Business
455 Orange Ave.

3. Mailing Address
455 Orange Ave.

03212006 Chg-P CR2E034 (11/05)

City & State
Orange City, FL

City & State
Orange City, FL

Zip
32763

Zip
32763

4. FEI Number
59-3660064

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BOSTRUP, THOMAS D
 2972 TURTLE DOVE TRAIL
 DELAND, FL 32724**

7. Name and Address of New Registered Agent

Name
Bostrup, Thomas D.

Street Address (P.O. Box Number is Not Acceptable)
455 Orange Ave.

City
Orange City

FL Zip Code
32763

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: *Thomas D. Bostrup* **32706**
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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	DVP BOSTRUP, THOMAS D 2972 TURTLE DOVE TRAIL DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 455 Orange Ave. Orange City, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAMOND, BARBARA 2972 TURTLE DOVE TRAIL DELAND, FL 32724 <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	D BOSTRUP, CHERYL 2972 TURTLE DOVE TRAIL DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 455 Orange Ave. Orange City, FL 32763
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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 empowered.

SIGNATURE: *Thomas D. Bostrup* **32706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #