


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90035 020 ***150.00

DOCUMENT # P00000091215			
1. Entity Name BOSCH BROTHERS CORPORATION			
Principal Place of Business 9143 MORRIS ST. FORT MYERS, FL 33912		Mailing Address 8555 SW 124 ST MIAMI, FL 33156	
2. Principal Place of Business 8359 BEACON BLVD. Suite, Apt. #, etc. 506 City & State FORT MYERS, FL. Zip 33907 Country U.S.A.		3. Mailing Address 3813 WHIPPOORWILL BLD. Suite, Apt. #, etc. City & State PUNTA GORDA, FL. Zip 33950 Country USA	
4. FEI Number 65-1043221		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSCH, HERBERT F. 8555 SW 124 ST MIAMI, FL 33156		7. Name and Address of New Registered Agent Name HERBERT F. BOSCH Street Address (P.O. Box Number is Not Acceptable) 3813 WHIPPOORWILL BLVD. City PUNTA GORDA FL Zip Code 33950	
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD BOSCH, HERBERT F 9143 MORRIS RD FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3200 COLONY CT, PUNTA GORDA, FL. 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BOSCH, ILEANNA M 9143 MORRIS RD FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3200 COLONY CT, PUNTA GORDA, FL. 33950
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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
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: <u>Ileanna M. Bosch</u>		Date: <u>2/3/05</u> Daytime Phone #: <u>239-482-8110</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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