

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000030334

Entity Name: PAUL BOSMA, INC.

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

266 ELM STREET
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

266 ELM STREET
HAWTHORNE, FL 32640

New Mailing Address:

FEI Number: 59-3705268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAIG, J NORMAN
1135 N W 22ND AVENUE
SUITE M
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOSMA, PAUL
Address: POST OFFICE BOX 598
City-St-Zip: HAWTHORNE, FL 32640

Title: D () Delete
Name: BOSMA, GLORIA
Address: POST OFFICE BOX 598
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BOSMA, PAUL
Address: POST OFFICE BOX 598
City-St-Zip: HAWTHORNE, FL 32640

Title: DST (X) Change () Addition
Name: BOSMA, GLORIA
Address: POST OFFICE BOX 598
City-St-Zip: HAWTHORNE, FL 32640

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL BOSMA

PD

04/23/2004

Electronic Signature of Signing Officer or Director

Date