

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # P01000030334

1. Entity Name
PAUL BOSMA, INC.



Principal Place of Business
**266 ELM STREET
HAWTHORNE, FL 32640**

Mailing Address
**PO BOX 598
HAWTHORNE, FL 32640**



02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FBI Number
59-3705268 ☐ Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOSMA, PAUL
266 ELM STREET
HAWTHORNE, FL 32640**

**DO 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BOSMA, PAUL
POST OFFICE BOX 598
HAWTHORNE, FL 32640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
BOSMA, GLORIA
POST OFFICE BOX 598
HAWTHORNE, FL 32640**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000847444
03/19/08-80019-009 150.00

**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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul E Bosma, Paul E Bosma 3-1-08 352-1181-6286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date