


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90020 039 \*\*\*150.00

**DOCUMENT # P01000047078**

1. Entity Name  
**BOSCH PROPERTIES, INC.**



Principal Place of Business  
**P.O. BOX 535  
 PONTE VEDRA BEACH, FL 32004**

Mailing Address  
**P.O. BOX 535  
 PONTE VEDRA BEACH, FL 32004**



2. Principal Place of Business  
**520 S. Sea Lake Ln**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**PONTE VEDRA Bch, FL**

City & State  
 Suite, Apt. #, etc.

Zip  
**32082**

Country

03112005 Chg-P CR2E034 (10/03)

8. Name and Address of Current Registered Agent  
**FILINGS, INC.  
 3732 N.W. 16TH STREET  
 FT. LAUDERDALE, FL 33311-4132**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 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	PSTD BOSCH, WAYNE P.O. BOX 535 PONTE VEDRA BEACH, FL 32004 <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	VD PEARCE, BETH S P.O. BOX 535 PONTE VEDRA BEACH, FL 32004 <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
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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 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: Wayne L Bosch Wayne L Bosch 3/11/05 904-273-2707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #