#### 2005 FOR PROFIT CORPORATION ANNUAL REPORT

### **DOCUMENT # P01000051350**

1. Entity Name

**BOSWELL CONSTRUCTION INCORPORATED** 



Principal Place of Business

Mailing Address

10859 EMERALD COAST PKWY. #5-360 DESTIN, FL 32550

10859 EMERALD COAST PKWY.

#5-360

DESTIN, FL 32550

# **FILED** Apr 13, 2005 8:00 am Secretary of State

04-13-2005 90056 043 \*\*\*158.75



### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 59-3743206 Not Applicable \$8.75 Additional .

5. Certificate of Status Desired

04012005

Fee Required

CR2E034 (10/03)

**BOSWELL, NATHAN J** 10859 EMERALD COAST PKWY. #4-360 DESTIN, FL 32550

## DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the pions of registered agent.	ourpose of changing its regi	stered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Reg	sistered Agent signature	required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BOSWELL, NATHAN J 10859 EMERALD COAST PKWY. #4-5 DESTIN, FL 32550	360	,		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

NAME OF SIGNING OFFICER OR DIRECTOR