


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 8:00 am
Secretary of State

02-01-2006 90012 008 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P01000051350 1. Entity Name BOSWELL CONSTRUCTION INCORPORATED | | | |  | |
| Principal Place of Business 10859 EMERALD COAST PKWY. #4-360 DESTIN, FL 32550 | | Mailing Address 10859 EMERALD COAST PKWY. #4-360 DESTIN, FL 32550 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. #4-360 City & State | | 3. Mailing Address Suite, Apt. #, etc. #4-360 City & State | | 01112006 Chg-P CR2E034 (11/05) | |
| Zip Country | | Zip Country | | 4. FEI Number 59-3743206 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BOSWELL, NATHAN J 10859 EMERALD COAST PKWY. #4-360 DESTIN, FL 32550 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 | PO BOSWELL, NATHAN J 10859 EMERALD COAST PKWY. #4-360 DESTIN, FL 32550 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Nathan John Boswell</u> Nathan John Boswell 1/27/06 6503915 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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