


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90032 003 ***150.00

DOCUMENT # P01000092791	
1. Entity Name BOSCO PROPERTIES, INC.	

Principal Place of Business 452 W. PALM AIRE DR. POMPANO BEACH FL 33069	Mailing Address 452 W. PALM AIRE DR. POMPANO BEACH FL 33069
---	---

2. Principal Place of Business 8196 SE PALM HAMMOCK LANE	3. Mailing Address 8196 SE PALM HAMMOCK LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HOBE SOUND FLORIDA	City & State HOBE SOUND FLORIDA
Zip 33455	Zip 33455
Country U. S.	Country U.S.

44017040



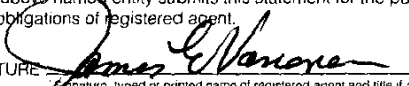
MOORE CR2E034 (11/03)

4. FEI Number 65-1142086	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent VAN OVER, JAMES 452 W. PALM AIRE DR. POMPANO BCH FL 33069	
---	--

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

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 3/5/04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P VANOVER, JAMES
STREET ADDRESS	452 W. PALM AIRE DR.
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	<input type="checkbox"/> Delete
NAME	V DESORAN, VANOVER
STREET ADDRESS	452 W PALM AIRE DR.
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P VANOVER, JAMES
STREET ADDRESS	8196 SE PALM HAMMOCK LANE
CITY-ST-ZIP	HOBE SOUND, FLORIDA 33455
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V VANOVER, DEBORAH
STREET ADDRESS	8196 SE PALM HAMMOCK LANE
CITY-ST-ZIP	HOBE SOUND, FL, 33455
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.	
---	--

SIGNATURE: 	DATE 3/5/04	DAYTIME PHONE # 772 463-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		