## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P0200000151						FUED			
1. Entity Name B.O.S. TRUCKING & SITE, INC.						1			
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Principal Place of Business Mailing Address					7				
2604 MARKE		2604 MARKET ST			SEURLIPTE OF STATE TALEAHASSEE, FLORIDA				
FORT MYERS,	, FL 33916	FORT MYERS, FL 33916				TALEARA	3366, 163,		
		, a martine at							
2. Principal Place of Business .		3. Mailing Address					H <b>Ba</b> nin <b>Ba</b> nin <b>Banis</b> h H <b>abi</b> h <b>Bani</b> Habi		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			09132006	Chg-P	CR2E034 (11/05)		
City & State		City & State			4. FEI Numb	er .		olied For	
Zip Country		Zip Countr		nv	102-0	261660	\$9.75 Add	Applicable	
2.6	Country		Journ	• •	5. Certificate	e of Status Desired	Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
THOMPSO	ON, MERVAN			Name					
1958 KNIG	SHT STREET ERS. FL 33916		Street Address		(P.O. Box Number is Not Acceptable)				
. 0.01	-110, 12 00010		420.		5 2NL Street. W.				
				City / a LS	al Aca		Zip Code		
8. The above	named entity submits this statement	for the purpose of changing its	s registere	ed office or registe	ered agent, or bo	oth, in the State of FI	orida. I am familiar with,		
the obligat	ions of registered agent.			•	-			·	
SIGNATURE_	M Show	De-				· · · · · · · · · · · · · · · · · · ·	7-14-06		
	Signature, Woods or printed hame of registerey age	ent and title if applicable. (NO	TE: Registered	d Agent signature requir	red when reinstating)	<del>,</del>	DATE		
	LE NOW!!! FEE !S \$150.00 ue by September 15, 2006	9. Election Campa Trust Fund Con	-	· - •	5.00 May Be ided to Fees	In accordance corporation did	with s. 607.193(2)(b), i not receive the prior r	F.S., the notice.	
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	J S/CHANGES TO OF	FICERS AND DIRECTORS	S IN 11	
TITLE	Р	☐ Delete	TITLE			;	Change	Addition	
NAME STREET ADDRESS	THOMPSON, MERVAN 1958 KNIGHT STREET		NAM	E ET ADDRESS 4	205 2	nd sta	zet w.		
CITY-ST-ZIP	FORT MYERS, FL 33916			-ST-ZIP	chigh	Acres	71 3397	,	
TITLE .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete	TITLE			y ones.	Change	Addition	
NAME			NAM :	L L	1 <del>.</del> 09.7		□ Change 11□38:348 50028 **150	_	
STREET ADDRESS CITY-ST-ZIP	<u> </u>	•		ET ADDRESS -ST-ZIP	0.07	C1/ 00010.	50028 <b>**</b> 150	) • OO	
TITLE		□ Delete	TITU		<del></del>		☐ Change	Addition	
NAME	,	☐ Delete	NAM				) Change	☐ Addition	
STREET ADDRESS	<b>,</b>			ET ADDRESS		•			
CITY-ST-ZIP	. ;		<del></del>	-ST-ZIP	·				
TITLE NAME		☐ Delete	TITL NAM	1			☐ Change	☐ Addition	
STREET ADDRESS	1			EET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP		<del></del>			
TITLE	·,	Delete	TITL				☐ Change	Addition	
NAME Street address	1	,	NAM STRI	eet address					
CITY-ST-ZIP				(-ST-ZIP					
TITLE		☐ Delete	TITL	E	***		☐ Change	Addition	
NAME CITICET LOCOCCO			NAA						
STREET ADDRESS CITY-ST-ZIP				EET ADORESS (-ST-ZIP					
[	certify that the information supplied	with this filing does not qualify		1	ned in Chapter 1	119, Florida Statutes	. I further certify that the	information	
indicated	certify that the information supplied of d on this report or supplemental report or the receiver or trustee eld, or on an attachment with an additional control of the receiver of the receive	rt is true and accurate and tha	t my signa ort as recu	ature shall have the	he same legal ef 607, Florida Stati	fect as if made unde utes; and that my na	r oath; that I am an office me appears in Block 10 o	r or director or Block 11 if	
changed	d, or on an attachment with an addr	with all other like empowere	_	,					
SIGNA	TIDE: //////////	nk	PRO	sident	4.	-14-06	239-560-	3755	
SIGNA	SIGNATURE AND TYPED	OR BEINTED NAME OF BIGNING OFFICE				Date	Daytime Phone		

20 9/20