


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90331 016 ***158.75

DOCUMENT # P03000091263		
1. Entity Name BOSS OF GLOSS, INC.		

Principal Place of Business 8221 STONER WOODS DRIVE RIVERVIEW, FL 33569 <i>711 Crystal Lake Rd Lutz FL 33548</i>		Mailing Address 8221 STONER WOODS DRIVE RIVERVIEW, FL 33569 <i>PO Box 308 Lutz FL 33548</i>	
2. Principal Place of Business <i>711 Crystal Lake Rd</i>		3. Mailing Address <i>PO Box 308</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Lutz FL</i>		City & State <i>Lutz FL</i>	
Zip <i>33548</i>	Country	Zip <i>33548</i>	Country <i>Hillsborough</i>



04052004	Chg-P	CR2E034 (10/03)
4. FEI Number <i>20-0163187</i>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name <i>Gregory D. Quilling</i> Street Address (P.O. Box Number is Not Acceptable) <i>711 Crystal Lake Rd Lutz, FL 33548</i> <i>PO Box 308</i> City <i>Lutz</i> State <i>FL</i> Zip Code <i>33548</i>	
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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 *Gregory D. Quilling* DATE *4-26-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP QUILLING, GREGG 8221 STONER WOODS DRIVE RIVERVIEW, FL 33569 <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	S PIPER, JOHN 8221 STONER WOODS DRIVE RIVERVIEW, FL 33569 <input checked="" 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	T QUILLING, NICK 8221 STONER WOODS DRIVE RIVERVIEW, FL 33569 <input checked="" 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
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: *Gregory D. Quilling* DATE *4-26-04* 813 355 7932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR