


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000120173
 1. Entity Name
 BOLES ENTERPRISES, INC.



Principal Place of Business
 25231 SHERWOOD DRIVE
 LAND O LAKES, FL 34639

Mailing Address
 25231 SHERWOOD DRIVE
 LAND O LAKES, FL 34639



05152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 20-0353418

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent
 BOLES, JANICE A
 25231 SHERWOOD DRIVE
 LAND O LAKES, FL 34639

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOLES, JANICE A
STREET ADDRESS	25231 SHERWOOD DRIVE
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	ST
NAME	BOLES, BRADLEY S
STREET ADDRESS	25231 SHERWOOD DRIVE
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000367870
 05/23/05-80003-016 150.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(f), 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: Janice A. Boles Date: 5-21-05 813 973.4026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #