



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90222 028 ***150.00

DOCUMENT # P03000139163 1. Entity Name R.T. BOSWELL, INC.					
Principal Place of Business 13724 HOBSON SIMMONS RD LITHIA, FL 33547			Mailing Address 13724 HOBSON SIMMONS RD LITHIA, FL 33547		
2. Principal Place of Business 2504 MEDULLA RD Suite, Apt. #, etc.		3. Mailing Address 2504 MEDULLA RD Suite, Apt. #, etc.			
City & State PLANT CITY, FL		City & State PLANT CITY, FL		4. FEI Number 59-3258738	
Zip 33566		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSWELL, JANICE A 13724 HOBSON SIMMONS RD LITHIA, FL 33547				7. Name and Address of New Registered Agent Name JANICE A. BOSWELL Street Address (P.O. Box Number is Not Acceptable) 2504 MEDULLA RD City PLANT CITY FL Zip Code 33566	
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)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P BOXWELL, RICHARD T 13724 HOBSON SIMMONS RD LITHIA, FL 33547	<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	V BOSWELL, CLAYTON F 113 ARECA DR MULBERRY, FL 33860	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOSWELL, CLAYTON F 113 ARECA DR MULBERRY, FL 33860 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOSWELL, RICHARD S 1005 DOROTHY LAKELAND, FL	<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	S BOSWELL, JANICE A 13724 HOBSON SIMMONS RD LITHIA, FL 33547	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S JANICE A. BOSWELL 2504 MEDULLA RD PLANT CITY, FL 33566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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 <u>Janice A. Boswell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>813-752-1242</u> Daytime Phone #		