

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143359

FILED  
Sep 03, 2005  
Secretary of State

Entity Name: BOULER ENTERPRISES INC.

## Current Principal Place of Business:

209 MAHOGANY DR.  
SEFFNER, FL 33584

## New Principal Place of Business:

## Current Mailing Address:

209 MAHOGANY DR.  
SEFFNER, FL 33584

## New Mailing Address:

FEI Number: 81-0639874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WESLEY, YVONNE  
209 MAHOGANY DR.  
SEFFNER, FL 33584 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WESLEY, YVONNE  
Address: 209 MAHOGANY DR.  
City-St-Zip: SEFFNER, FL 33584

Title: B ( ) Delete  
Name: BOULER, CLYDE  
Address: 14604 TURTLE CREEK CIRCLE  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: LEE, MARIE T  
Address: 8227 LAPORTE DR.  
City-St-Zip: STERLING HEIGHTS, MI 48312

Title: D ( ) Delete  
Name: NEWSOME, MICHAEL  
Address: 4105 REDONDO AVE  
City-St-Zip: TOLEDO, OH 43607

Title: D ( ) Delete  
Name: WILSON, YVONNA  
Address: 9100 MILES AVE  
City-St-Zip: CLEVELAND, OH 44105

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YVONNE WESLEY

RA

09/03/2005

Electronic Signature of Signing Officer or Director

Date