2006 FOR PROFIT CORPORATION

IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

	ANNUAL	REPURI			Jan 23.		
DOCU	MENT # P03000148	268			Seci	retary (of State
1. Entity Name THOMAS BOSTICK CONSTRUCTION, INC.						•	
INOWA	5 BOSTICK CONSTRUCTION	N, 114C.					
Principal Plac	ce of Business	Mailing Address		1			
219 N 10Th		219 N 10TH AVENUE					
WAUCHULA,	FL 338/3	WAUCHULA, FL 33873					
_							
-	NO NOT WOITE	^ =	01122006	No Chg-P	CR2E034 (11	/05)	
L	OO NOT WRITE	CE	4. FEI Numbe			Applied For	
}				20-0523		- \$8.7°	Not Applicab 5 Additional
			·	5. Certificate of	of Status Desired		equired
	6. Name and Address of Current R	egistered Agent	-				
BOSTICK, THOMAS M 219 N 10TH AVENUE WAUCHULA, FL FL			DO NOT WRITE				
			IN THIS SPACE				
	·			IN I	HIS SP	ACE	
8. The above	named entity submits this statement for	he purpose of changing its register	ed office or register	ed agent, or both	, in the State of Flor	rida. I am familiar	with, and accep
rie ooliga	tions of registered agent.	0 7	0 20-0	1 * 1 L	04		2/
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE. Registere	od Agent signature required	T/LA i when reinstating)	gar	1. 18, C	0
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campaign Finar Trust Fund Contribution. 	- <u> </u>	00 May Be ed to Fees			
10.	OFFICERS AND D	IRECTORS					
TITLE	Р		1	. –		-	
NAME STREET ADDRESS	BOSTICK, THOMAS M						
CITY-ST-ZIP	WAUCHULA, FL 33873	-			20000011 3-20735710	395410	
TITLE	VP			-	M1/26/06-8	10051-002	150,00
NAME STREET ADDRESS	BOSTICK, PATSY D 219 N 10TH AVENUE		1				
CITY+ST-ZIP	WAUCHULA, FL 33873						
TITLE			1				
NAME STREET ADDRESS			1				
CITY-ST-ZIP				DO	NOT W	RITE	
TITLE			1	IN T	HIS SP	ACE	
NAME STREET ADDRESS				11 W E	I IIO OF	へしし	
CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas Bostich 7	homas L	Bostick on	W 18.06	863 773 4075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR	7 b	late	Daytime Phone #