


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90075 018 ***150.00

DOCUMENT # P04000086806 1. Entity Name BOSCASTLE, INC.					
Principal Place of Business 504 PINEGROVE AVE JUPITER FL 33458			Mailing Address 504 PINEGROVE AVE JUPITER FL 33458		
2. Principal Place of Business - No P.O. Box # QUEEN MARY BRITISH PUB		3. Mailing Address 16891 JUPITER FARMS RD			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State JUPITER FL		City & State FL 33478		4. FEI Number 56-2466152	
Zip 		Country 		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KERNICK, VANESSA 504 PINEGROVE AVE JUPITER FL 33458			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 VANESSA ARCHER - PRESIDENT <i>Vanessa Archer</i> 1/23/07 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registration.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	PD ARCHER, VANESSA 504 PINEGROVE AVE JUPITER FL 33458 <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	V WALKER, DEBORAH J MS 504 PINEGROVE AVE JUPITER FL 33458 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Vanessa Archer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/23/07 (561) 747-6317 <small>Date Daytime Phone #</small>		