## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED May 13, 2008 8:00 am Secretary of State

Suite, Apt. #, etc.    Suite, Apt. #, etc.   O5082008   Chg-P   CR2E034 (12/06)	DOCUMENT # P05000009022  1. Entity Name BOSTWICK MARKET INC							05-13-2008 90	0014 015	5 ***55	0.00	
PALATIVA, FL 32177  PALAMA, FL	Principal Place of Business Mailing Address				-		•					
Surio. Apt. #. onc.   Surio. Apt. #. etc.   Os082008   Chg.P   CR2E034 (12/06)    City & State   City & State   City & State   4. Fit humber   20-2178051   Not Applicable    Zip   Country   Zip   Country   2. Coun							4010	1436				
2. Principal Place of Business - No P.O. Box # 3. Malling Address    Suite. Apt. #. etc.   Suite. Apt. #. etc.   Soile. Apt. #. etc.   Soile. Apt. #. etc.    City & State   City & State   4. FEI Number   Applied For   No. Applicable    Zip   Country   Zip   Country   4. Certificate of Status Desired   \$6.75 Applied For   No. Applicable    See Required   See Required   See Required   See Required   See Required   See Required    Sono Address of Current Registered Agent   7. Name and Address of New Registered Agent    JEPSON, BRENDA   See Republicable   See Required   See Required    Sono Address (P.O. Rix Number is Not Acceptable)    JEPSON, BRENDA   See Required   See Required   See Required    Sono Address (P.O. Rix Number is Not Acceptable)    JEPSON, BRENDA   See Required   See Required   See Required   See Required    Sono Address (P.O. Rix Number is Not Acceptable)    JEPSON, BRENDA   See Required   See Required   See Required   See Required    Sono Address (P.O. Rix Number is Not Acceptable)    JEPSON, BRENDA   See Required   See Required   See Required    Sono Address (P.O. Rix Number is Not Acceptable)    JEPSON, BRENDA   See Required   See Required   See Required    Sono Address (P.O. Rix Number is Not Acceptable)    JEPSON, BRENDA   See Required   See Required   See Required    Sono Address (P.O. Rix Number is Not Acceptable)    JEPSON, BRENDA   See Required   See Required   See Required    Sono Address (P.O. Rix Number is Not Acceptable)    JEPSON, BRENDA   See Required   See Required   See Required   See Required    JEPSON, BRENDA   See Required   See Required   See Required   See Required    Sono Address (P.O. Rix Number is Not Acceptable)    JEPSON, BRENDA   See Required   See Required   See Required   See Required    JEPSON, BRENDA   See Required   See Required   See Required   See Required   See Required    JEPSON, BRENDA   See Required   See Requi	PALATKA, FL	321//	PALATKA, FL 321//									
City & State   Country   Coun	2. Principal Place of Business - No P.O. Box #		3. Mailing Address	, 4 · · ·								
Zip   Country   Zip   Country   S. Contribution   State of Florida   Septiminary   S. Contribution   Supplies   Supplies   S. Contribution   Supplies   Supplies   Supplies   S. Contribution   S. Co	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			05082008	Chg-P	CR2E034	(12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The Address of New Registered Agent 8. The Address of New Registered Agent 8. The Name and Address of New Registered Agent 8. The Add	City & State		City & State						_ <del>_ `</del>	`		
STEEL NOWNII   FE   SSO. OB Trust Fund Contribution   SEC   NILES, BETTY   STEEL AUTONS   STEE	Zip	Country	Zip	Coun	try							
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent											
Signature:    City   FL   Zip Code	IEDOON ORENOA					Name						
B. The above named engly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am terraliar with, and accept the obligations or registered agent.  SIGNATURE    Signature   Sepature   Sepat	6683 CRILL AVENUE					Street Address (P.O. Box Number is Not Acceptable)						
THE NOWILL FEE IS \$55.0.00  Due by September 12, 2008  10.   OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE NAME SITER ADDRESS   Delete NAME SITER ADDRESS   STYST-ZP    THE NAME NAME SITER ADDRESS   Delete NAME SITER ADDRESS   STYST-ZP    THE NAME SITER ADDRESS   Delete NAME SITER ADDRESS   STYST-ZP    THE NAME SITER ADDRESS   Delete NAME SITER ADDRESS   STYST-ZP    THE NAME SITER ADDRESS   Delete NAME SITER ADDRESS   STYST-ZP    THE NAME SITER ADDRESS   Delete NAME SITER ADDRESS   STYST-ZP    THE NAME SITER ADDRESS   Delete NAME SITER ADDRESS   STYST-ZP    THE NAME SITER ADDRESS   Delete NAME SITER ADDRESS   STYST-ZP    THE NAME SITER ADDRESS   Delete NAME SITER ADDRESS   STYST-ZP    THE NAME SITER ADDRESS   Delete NAME SITER ADDRESS   STYST-ZP    THE NAME SITER ADDRESS   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS    CITY-ST-ZP   STAP   Delete NAME SITER ADDRESS    CITY-ST-ZP   STAP   DELET NAME SITER ADDRESS    CITY-ST-ZP   Delete NAME SITER ADDRESS    CITY-ST-ZP   STAP   DELET NAME SITER ADDRESS    CITY-ST-ZP   STAP   STAP   DELET NAME SITER ADDRESS    CITY-ST-ZP   STAP   STAP   STAP   STAP   STAP    CITY-ST-ZP   STAP   STAP   STAP   STAP   STAP   STAP   STAP   STAP   STAP    CITY-ST-ZP   STAP   STAP   STAP   STAP   STAP   STAP   STAP				City FL Zip Code								
FILE NOWIII FEE IS \$550.00 Due by September 12, 2008  9. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INLE SEC NILES, BETTY SIREE ADDRESS CITY-S1-2P PALATKA, FL 32177  TITLE NAME SIREE ADDRESS CITY-S1-2P PALATKA, FL 32177  TITLE NAME SIREE ADDRESS CITY-S1-2P PALATKA, FL 32177  TITLE NAME SIREE ADDRESS CITY-S1-2P Delete TITLE NAME SIREE ADDRESS CITY-S1-2P TITLE NAME SIREE AD	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											
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	12. Thereby o	certify that the information supplied v	wing this filing does not qualify for	r the ex	emptions co	ontained	in Chapter 119	), Florida Statutes. I fur	ther certify	that the in	nformation	

indicated on this report or appearmental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the progress or properly of those of the corporation of the progress or properly of the progress of

SIGNATURE: