## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000037422

Entity Name: BOOSTED J, INC.

FILED Jul 14, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

14240 TURNING LEAF DR. 3196 WINDMILL POINT BLVD. ORLANDO, FL 32828

KISSIMMEE, FL 34746

**Current Mailing Address: New Mailing Address:** 

3196 WINDMILL POINT BLVD. 14240 TURNING LEAF DR. KISSIMMEE, FL 34746 ORLANDO, FL 32828

FEI Number: 20-4498413 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SMITH, JUSTIN C SMITH, JUSTIN C 14240 TURNING LEAF DR. 3196 WINDMILL POINT BLVD. ORLANDO, FL 32828 KISSIMMEE, FL 34746

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: JUSTIN SMITH 07/14/2008

> 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

SMITH, JUSTIN C SMITH, JUSTIN C Name: Name: 14240 TURNING LEAF DR. 3196 WINDMILL POINT BLVD. Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: KISSIMMEE, FL 34746

VΡ Title: VΡ Title: () Delete (X) Change ( ) Addition

Name: JAW. ANITA Name: SMITH, ANITA

142010 TURNING LEAF DR. 3196 WINDMILL POINT BLVD. Address: Address: ORLANDO, FL 32828 City-St-Zip: City-St-Zip: KISSIMMEE, FL 34746

Title: Title: (X) Change ( ) Addition ( ) Delete

SMITH, CHARLES J Name: SMITH, CHARLES J Name: 14240 TURNING LEAF DR. 3196 WINDMILL POINT BLVD. Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Ρ SIGNATURE: JUSTIN SMITH 07/14/2008