

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000079506

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: BOS'N, INC.

**Current Principal Place of Business:**

5475 NE ST JAMES DR - # 147  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

6868 NW JORGENSEN RD.  
PORT ST LUCIE, FL 34983

**Current Mailing Address:**

5475 NE ST JAMES DR - # 147  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

6868 NW JORGENSEN RD.  
PORT ST LUCIE, FL 34983

FEI Number: 74-3179797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOWLER, JOHN S  
6868 NW JORGENSEN RD  
PORT ST LUCIE, FL 34983 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FOWLER, MARGARET E  
Address: 6868 NW JORGENSEN RD  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: ST ( ) Delete  
Name: FOWLER, JOHN S  
Address: 6868 NW JORGENSEN RD  
City-St-Zip: PORT ST LUCIE, FL 34983

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

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 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.

SIGNATURE: MARGARET E FOWLER

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date