FILED
Apr 02, 2007 8:00 am
Secretary of State
03-23-2007 90025 011 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

EPDVNFOU!$ P06000095883
2/ Entity Name
BOSKET TRUCKING INC

UUUU7J40

Principal Place of Business	Mailing Address
682!TFIDPVOLS2!DWOSE NBLFDLE!GM43136	682!TFIDPVOLS2!DWOSE NBLFDLE!GM43136

02262007 Di h.Q DS3F145!23017*

3/ Principal Place of Business - No P.O. Box #	4/ Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

5/ FEI Number 30-5484797 — Applied For / Not Applicable

6/ Certificate of Status Desired ☐ %9/86 Beejjpobm GI ISI r vjd e

7/ Obn f lboe!Beesf t t !pgDvssf ouSf hjt u sf eBhf ou	8/ Obn f lboe!Beesf t t !pgOf x !Sf hjt u sf eBhf ou
BOSKET, SALLY 571 SE COUNTRY CLUB RD LAKE CITY, FL 32025	Name: Street Address (P.O. Box Number is Not Acceptable): City: GM Zip Code:

9/ 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: ______________________
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

:/ Election Campaign Financing Trust Fund Contribution. ☐ %6/11 NbzlOl ! Beef ekplG I I

21/ OFFICERS AND DIRECTORS		22/ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOSKET, EDWARD 571 SE COUNTRY CLUB RD LAKE CITY, FL 32025 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC BOSKET, SALLY 571 SE COUNTRY CLUB RD LAKE CITY, FL 32025 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

23/ 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.

TJHOBUVSF: Sally Bosket — 3-8-07 — 386-697-4471
TJHOBUVSF!BOE!UZQFE!PS!QSJOUFE!OBNF!PG!TJHOJOH!PGGJDFS!PS!EJSFDUPS — Date — Daytime Phone #