2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2008 8:00 am
Secretary of State
03-19-2008 90021 047 ***150.00

DOCUMENT # P06000157495

1. Entity Name
BOSKO FAMILY ENTERPRISE II, INC.

Principal Place of Business	Mailing Address
1070 WEDGEWOOD ESTATES BLVD. LAKELAND FL 33809 US	5080 HANOVER LANE LAKELAND FL 33813 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	1345 Brighton Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Lakeland FLA
Zip / Country	Zip: 33813 / Country: USA

4. FEI Number: 20-8136675 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOSKO, DONALD 5080 HANOVER LANE LAKELAND FL 33813 Change	Name: Bosko, Donald Street Address (P.O. Box Number is Not Acceptable): 1345 Brighton Way Lakeland City: FL Zip Code: 33813

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 [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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BOSKO, DONALD 5080 HANOVER LANE LAKELAND FL 33813	☐ Delete	P Bosko, Donald 1345 Brighton Way Lakeland, FLA 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BOSKO, LINDA 5080 HANOVER LANE LAKELAND FL 33813	☐ Delete	VP Bosko, Linda 1345 Brighton Way Lakeland, FLA. 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: [signature] 02/11/08 863-581-7979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #