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2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000024390

Entity Name
 JAMES L. BOOZER, INC.



Principal Place of Business

Mailing Address

11312 TROTTING HORSE LANE S JACKSONVILLE, FL 32225 11312 TROTTING HORSE LANES JACKSONVILLE, FL 32225

FILED Apr 23, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04042004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3172942 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOZER, JAMES L 11312 TROTTING HORSE LANE S JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

JACKSONVILLE, FL 32225				IN THIS SPACE		
	named entity submits this statement for the pulions of registered agent.	urpose of changing its registered	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and site if	applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000125765 04/23/04-80047-011 150.00	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST BOOZER, JAMES L 11312 TROTTING HORSE LANE S JACKSONVILLE, FL 32225			,		
TITLE NAME STREET ADDRESS CITY- ST-ZIP	D BOOZER, JAMES L 11312 TROTTING HORSE LANE S JACKSONVILLE, FL 32225					
TITLE NAME STREET ADORESS CITY-ST-ZIP				; .	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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	_				
	C	IC N	ΙΛΤ	IJ₽F	•

CITY-ST-ZIP

SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-04

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