2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2005 08:00 AM

56/-547-6300 Daytime Prone #

					T CD TO	
1. Entity Nam	MENT # P930000508 BOSWELL, P.A.	76				etary of State
2875 SO. 00 #200	e of Business CEAN BLVD 1, FL 33480	Mailing Address 2875 SO. OCEAN BLVD #200 PALM BEACH, FL 33480	the state of the s	1811101 10 18111		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o Chg-P CF	Applied For
STE. 200	_, DON R CEAN BLVD. ACH, FL 33480	DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for thins of registered agent. Signature, typed or printed name of registered agent and	title if applicable (NOTE Register	ed Agent signature required	d when roinstating)	-	am familiar with, and accept
	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.	. 🚨 Add	led to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSWELL, DON R 2875 S, OCEAN BLVD., STE. 200 PALM BEACH, FL	RECTORS			U00000 02/16/05~	231929 80050-020 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					OT WRI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN TH	IS SPA	CE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby of indicated of the cor changed,	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trudge empower, or on an attachment with an address, with	is filing does not qualify for the excue and accurate and that my signal ared to execute this report as required to execute this report as required to execute the empowered	emption stated in Se ature shall have the ired by Chapter 607	r. Florida Statutes; and	titiat my name appe	er certify that the information nat I am an officer or director pars in Block 10 or Block 11 if
- SIGNIAL	URE: 1/1 / / / /			<i>7</i> *	, , ,, * * *	~/ <i>/</i> / \ \ \ / / / \ \

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: