


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90026 006 \*\*\*150.00

<b>DOCUMENT # P95000009778</b>					
<b>1. Entity Name</b> JOHN R. BOSSERMAN, P.A.					
<b>Principal Place of Business</b> 8695 COLLEGE PKWY #339 FORT MYERS, FL 33919 US			<b>Mailing Address</b> 8695 COLLEGE PKWY #339 FORT MYERS, FL 33919 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 9220 Bonita Beach Rd.		<b>3. Mailing Address</b> 9308 Manchester Av.			
Suite, Apt. #, etc. 108		Suite, Apt. #, etc.			
<b>City &amp; State</b> Bonita Springs, FL		<b>City &amp; State</b> Kansas City, MO		<b>4. FEI Number</b> 65-0558179	
Zip 34135		Country USA		Applied For Not Applicable	
Zip 34135		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BOSSERMAN, JOHN R 8695 COLLEGE PKWY #339 FORT MYERS, FL 33919			<b>7. Name and Address of New Registered Agent</b> Name <u>John R. Bosserman</u> Street Address (P.O. Box Number is Not Acceptable) 9220 Bonita Beach Rd. Suite 108 City <u>Bonita Springs</u> <u>FL</u> Zip Code <u>34135</u>		
<b>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.</b> SIGNATURE <u>John R. Bosserman</u> <u>John R. Bosserman</u> DATE <u>4/16/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSSERMAN, JOHN R 8695 COLLEGE PARKWAY STE 339 FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P BOSSERMAN, JOHN R. 9308 MANCHESTER AVE. KANSAS CITY, MO 64138
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>12. 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.</b>					
<b>SIGNATURE:</b> <u>John R. Bosserman</u> <u>John R. Bosserman</u> <u>4/16/08</u> <u>239-273-0523</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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