


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000069175  
 1. Entity Name  
 BOSWORTH MARINE MANAGERS, INC.



Principal Place of Business: 1 BEACH DR SE, SUITE 1006, ST PETERSBURG, FL 33701  
 Mailing Address: 1 BEACH DR SE, SUITE 1006, ST PETERSBURG, FL 33701



**DO NOT WRITE IN THIS SPACE**

03212005 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 59-3468835 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LAZZARA, BETTY B  
 1 BEACH DR SE  
 SUITE 1006  
 ST PETERSBURG, FL 33701

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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 U00000333223  
 04/26/05-80089-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAZZARA, BETTY B
STREET ADDRESS	1 BEACH DR SE SUITE 1006
CITY-ST-ZIP	ST PETERSBURG, FL 33701
TITLE	S
NAME	FONTANA, GINA LAZZARA
STREET ADDRESS	655 TALLAHASSEE DRIVE
CITY-ST-ZIP	ST PETERSBURG, FL 33702
TITLE	T
NAME	LAZZARA, JOAN E
STREET ADDRESS	2215 CYPRESS ISLAND DE #201
CITY-ST-ZIP	POMPANO BEACH, DL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Betty B Lazzara Betty Blazzara President* 4/19/05 727/8986060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #