


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000088214 1. Entity Name BOSWORTH ENTERPRISES, INC.		
Principal Place of Business 26635 STATE ROAD 54 WESLEY CHAPEL, FL 33544	Mailing Address 28618 LINDENHURST DRIVE WESLEY CHAPEL, FL 33544	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FOXWORTH, JEANNIE L 18829 5TH ST. S.W. LUTZ, FL 33548		
DO NOT WRITE IN THIS SPACE		
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOS, GUY M 28618 LINDENHURST DRIVE WESLEY CHAPEL, FL 33544	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOS, PAMELA S 28618 LINDENHURST DRIVE WESLEY CHAPEL, FL 33544	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOXWORTH, STEVEN A 18829 5TH ST. S.W. LUTZ, FL 33548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOXWORTH, JEANNIE L 18829 5TH ST. S.W. LUTZ, FL 33548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE: <i>Pamela S. Bos</i> Pamela S. Bos, Secretary <i>2/7/06</i> <i>(813)973-4146</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3544714	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/20/06-80066-021 158.75