

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90183 002 \*\*\*158.75

**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**

**40002146**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**59-3544714**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FOXWORTH, JEANNIE L  
18829 5TH ST. S.W.  
LUTZ, FL 33548**

7. Name and Address of New Registered Agent

Name **Pamela S. Bos**

Street Address (P.O. Box Number is Not Acceptable)

**28618 Lindenhurst Drive**

City **Wesley Chapel**

**FL**

Zip Code **33544**

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 **Pamela S. Bos**

Signature, typed or printed name of registered agent and title if applicable.

**Pamela S. Bos, Secretary**

(NOTE: Registered Agent signature required when reinstating)

**1-10-07**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BOS, GUY M**  
STREET ADDRESS **28618 LINDENHURST DRIVE**  
CITY-ST-ZIP **WESLEY CHAPEL, FL 33544**

TITLE **S** ☐ Delete  
NAME **BOS, PAMELA S**  
STREET ADDRESS **28618 LINDENHURST DRIVE**  
CITY-ST-ZIP **WESLEY CHAPEL, FL 33544**

TITLE **V** ☐ Delete  
NAME **FOXWORTH, STEVEN A**  
STREET ADDRESS **18829 5TH ST. S.W.**  
CITY-ST-ZIP **LUTZ, FL 33548**

TITLE **T** ☐ Delete  
NAME **FOXWORTH, JEANNIE L**  
STREET ADDRESS **18829 5TH ST. S.W.**  
CITY-ST-ZIP **LUTZ, FL 33548**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: **Pamela S. Bos** **Pamela S. Bos, Secretary** **1-10-07** **(813)973-4146**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #