

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000033869

1. Entity Name
ALL AMERICAN COVERED BOAT STORAGE, INC.



FILED
Feb 19, 2004 8:00 am
Secretary of State

02-19-2004 90021 002 ***150.00

Principal Place of Business
10500 WINBOROUGH DRIVE
PORT CHARLOTTE, FL 33981

Mailing Address
10500 WINBOROUGH DRIVE
PORT CHARLOTTE, FL 33981

2. Principal Place of Business
10450 WINBOROUGH DR.
Suite, Apt. #, etc.

3. Mailing Address
10450 Winborough Dr.
Suite, Apt. #, etc.



01232004 Chg-P CR2E034 (10/03)

City & State
Port Charlotte FL.
Zip
33981
Country
Charlotte

City & State
Port Charlotte, FL.
Zip
33981
Country
Charlotte

4. FEI Number
65-0866280
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOSSEY, RICARD JR
10500 WINBOROUGH DRIVE
PORT CHARLOTTE, FL 33981

7. Name and Address of New Registered Agent

Name
Correct spelling (Richard Bossey Jr.)
Street Address (P.O. Box Number is Not Acceptable)
10450 Winborough Dr.
City
Port Charlotte FL Zip Code
33981

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

(NOTE: Registered Agent signature required when reinstating)

2-13-04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PTD	BOSSEY, RICHARD L JR	PO BOX 563	PLACIDA, FL 33946	<input type="checkbox"/>
VSD	BOSSEY, PATRICIA	PO BOX 563	PLACIDA, FL 33946	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Patricia Bossey* *PATRICIA Bossey* 2-13-04 941-286-7495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # cell