

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052188

FILED
Jul 18, 2005
Secretary of State

Entity Name: J.M. BOSWELL & ASSOCIATES, INC.

Current Principal Place of Business:

27200 RIVERVIEW CENTER BLVD.
SUITE 107
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

27200 RIVERVIEW CENTER BLVD.
SUITE 107
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 65-0914627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOSWELL, JAMES M II
270 3RD ST.
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

KLUBERDANZ, WALLACE J OWNER
656 HICKORY ROAD
NAPLES, FL 34108 US

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.

SIGNATURE: WALLACE J. KLUBERDANZ

07/18/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MR. () Delete
Name: BOSWELL, JAMES II
Address: 270 3RD ST.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: COO (X) Delete
Name: KLUBERDANZ, WALLACE MR.
Address: 656 HICKORY RD.
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MR. (X) Change () Addition
Name: KLUBERDANZ, WALLACE J
Address: 656 HICKORY ROAD
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALLACE J. KLUBERDANZ

MR.

07/18/2005

Electronic Signature of Signing Officer or Director

Date