

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90002 005 ***150.00

DOCUMENT # P99000064776

1. Entity Name

BOSSO, DENTZAU & IMHOF, INC.



Principal Place of Business

1300 W GOVERNMENT ST
PENSACOLA FL 32501

Mailing Address

1300 W GOVERNMENT ST
PENSACOLA FL 32501

94008046



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3590265**

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

7. Name and Address of New Registered Agent

DENTZAU, MICHAEL W
1200 W GIMBLE ST
PENSACOLA FL 32501

Name

MICHAEL W. DENTZAU

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

1882 LOG RIDGE TRAIL

City

TALLAHASSEE

FL

Zip Code

32312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DENTZAU, MICHAEL W
STREET ADDRESS 1882 LOG RIDGE TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32312

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

TITLE VTD ☐ Delete
NAME IMHOF, PATRICK J JR
STREET ADDRESS 1070 E BRAINERD ST
CITY-ST-ZIP PENSACOLA FL 32503

TITLE ☒ Change ☐ Addition
NAME SAME
STREET ADDRESS 1170 ELLISON DRIVE
CITY-ST-ZIP SAME

TITLE VSD ☐ Delete
NAME BOSSO, T CHRISTOPHER
STREET ADDRESS 3222 SAMANTHA DR
CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 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: T CHRISTOPHER BOSSO *T Christopher Boss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/04 850-434-1935

Date

Daytime Phone #