## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000064776

City-St-Zip:

CANTONMENT, FL 32533

FILED Apr 09, 2009 Secretary of State

Entity Name: BOSSO, DENTZAU & IMHOF, INC. **Current Principal Place of Business: New Principal Place of Business:** 1300 W GOVERMENT ST 1300 W GOVERMENT ST PENSACOLA, FL 32501 PENSACOLA, FL 32502 53 **Current Mailing Address: New Mailing Address:** 1300 W GOVERMENT ST 1300 W GOVERMENT ST PENSACOLA, FL 32501 PENSACOLA, FL 32502 53 FEI Number: 59-3590265 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DENTZAU, MICHAEL W DENTZAU, MICHAEL W 1882 LOG RIDGE TRL 1882 LOG RIDGE TRL PENSACOLA, FL 32501 US TALLAHASSEE, FL 32312 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: 04/09/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DENTZAU, MICHAEL W Name: Name: 1882 LOG RIDGE TRAIL Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: Title: VTD Title: () Delete (X) Change ( ) Addition IMHOF, PATRICK J JR IMHOF, PATRICK J JR Name: Name: 2363 SERENA CT 1170 ELLISON DRIVE Address: Address: NAVARRE, FL 32563 PENACOLA, FL 32503 City-St-Zip: City-St-Zip: Title: Title: VSD ( ) Delete () Change () Addition BOSSO, T CHRISTOPHER Name: Name: 3222 SAMANTHA DR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

City-St-Zip:

SIGNATURE: T. CHRISTOPHER BOSSO V.P 04/09/2009