2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02023

FILED Apr 27, 2007 Secretary of State

Entity Name: BOSSHARDT PROPERTY MANAGEMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 5522 N.W. 43RD STREET SUITE B GAINESVILLE, FL 32653 US **New Mailing Address: Current Mailing Address:** 5542 NW 43 ST 5542 NW 43 STREET GAINESVILLE, FL 32653 US GAINESVILLE, FL 32653 US FEI Number: 59-3099689 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: MOULTON, CLAUDE MOULTON, CLAUDE 5532 NW 43RD ST. 5532 NW 43RD STREET GAINESVILLE, FL 32653 US US GAINESVILLE, FL 32653 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: 04/27/2007 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: BOSSHARDT, CAROL BOSSHARDT, CAROL R Name: Name: 5542 NW 43 STREET 5542 NW 43 STREET Address: Address: City-St-Zip: GAINESVILLE, FL City-St-Zip: GAINESVILLE, FL Title: () Delete Title: () Change () Addition BOSSHARDT, AARON M Name: Name: 5542 NW 43RD ST. Address: Address: GAINESVILLE, FL 32653 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MOULTON, CLAUDE Name: Name: 5532 NW 43RD ST. Address: Address: City-St-Zip: GAINESVILLE, FL 32653 City-St-Zip:

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.

SIGNATURE: CAROL R. BOSSHARDT VP 04/27/2007