

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V02023

FILED
Apr 28, 2008
Secretary of State

Entity Name: BOSSHARDT PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

5522 N.W. 43RD STREET
SUITE B
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

5542 NW 43 STREET
GAINESVILLE, FL 32653 US

New Mailing Address:

5522 N.W. 43RD STREET
SUITE B
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:

MOULTON, CLAUDE
5532 NW 43RD STREET
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

BOSSHARDT, KIMBERLY
5532-A NW 43RD STREET
GAINESVILLE, FL 32653 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: KIMBERLY BOSSHARDT

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BOSSHARDT, CAROL R
Address: 5542 NW 43 STREET
City-St-Zip: GAINESVILLE, FL

Title: P () Delete
Name: BOSSHARDT, AARON M
Address: 5542 NW 43RD ST.
City-St-Zip: GAINESVILLE, FL 32653

Title: D (X) Delete
Name: MOULTON, CLAUDE
Address: 5532 NW 43RD ST.
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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 BOSSHARDT

VP

04/28/2008

Electronic Signature of Signing Officer or Director

Date