

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90014 033 ***158.75

60000368



01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000065015					
1. Entity Name HOWARD BOSHAK ASSOCIATES INC.					
Principal Place of Business 8321 W ATLANTIC BLVD POMPANO BEACH, FL 33071			Mailing Address 473 NW 94TH WAY CORAL SPRINGS, FL 33071		
2. Principal Place of Business 5711 N.W. 70th AVE			3. Mailing Address 5711 NW 70th AVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State TAMARAC FL		City & State TAMARAC FL		4. FEI Number 65-1117073	
Zip 33321		Country BROWARD		Applied For <input type="checkbox"/> Not Applicable	
Zip 33321		Country BROWARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSHAK, HOWARD S 473 NW 94TH WAY CORAL SPRINGS, FL 33071				7. Name and Address of New Registered Agent Name HOWARD S. BOSHAK Street Address (P.O. Box Number is Not Acceptable) 5711 NW 70th AVE City TAMARAC FL Zip Code 33321	
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 <i>Howard S. Boshak</i> DATE 1/5/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOSHAK, HOWARD S 473 NW 94TH WAY POMPANO BEACH, FL 33071 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HOWARD S. BOSHAK 5711 N.W. 70th AVE TAMARAC FL. 33321	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MICHAEL J. WHITE 1558 EMERALD GLEN DRIVE MARLETTA, GA 30062	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Howard S. Boshak</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 1/5/05 Daytime Phone # 954-721-5859		