


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90031 026 \*\*\*150.00

**DOCUMENT # F0000006170**

1. Entity Name  
**BOYD RESORTS, INC.**



Principal Place of Business  
**544 NEWTOWN ROAD  
 SUITE 128  
 VIRGINIA BEACH, VA 23462**

Mailing Address  
**544 NEWTOWN ROAD  
 SUITE 128  
 VIRGINIA BEACH, VA 23462**


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

03162005 Chg-P CR2E034 (10/03)



4. FEI Number  
~~59-4495726~~ **54-1495726** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**D'ESPIES, KEVIN J  
 888 EAST LAS OLAS BLVD., STE 720  
 FORT LAUDERDALE, FL 33301**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, JOESPH W JR. <input type="checkbox"/> Delete 544 NEWTOWN ROAD SUITE 128 VIRGINIA BEACH, VA 23462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINSCHKE, FRANK B II <input type="checkbox"/> Delete 544 NEWTOWN ROAD SUITE 128 VIRGINIA BEACH, VA 23462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUDIGER, DAVID S <input type="checkbox"/> Delete 544 NEWTOWN ROAD SUITE 128 VIRGINIA BEACH, VA 23462	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" 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	VP HOFFMAN, EVERETT V. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 544 NEWTOWN ROAD SUITE 128 VIRGINIA BEACH, VA 23462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, CLYDE B., JR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 544 NEWTOWN ROAD SUITE 128 VIRGINIA BEACH, VA 23462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FENDER, CHRISTINA D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 544 NEWTOWN ROAD SUITE 128 VIRGINIA BEACH, VA 23462

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:** David S. Rudiger, Pres **3-23-05** **757-490-1959**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #