

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J43612

FILED
Feb 21, 2005
Secretary of State

Entity Name: BOYD INSURANCE & INVESTMENT SERVICES, INC.

Current Principal Place of Business:

717 MANATEE AVE. W
STE. 300
BRADENTON, FL 34205 US

New Principal Place of Business:

Current Mailing Address:

% JAMES E. BOYD
POST OFFICE BOX 1749
BRADENTON, FL 34206

New Mailing Address:

FEI Number: 59-2741565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, JAMES E.
717 MANATEE AVE. W
STE. 300
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BOYD, JAMES E
Address: 410 WEST 43RD ST, STE J
City-St-Zip: BRADENTON, FL

Title: P () Delete
Name: OSBURN, L. PAT,
Address: 410 WEST 43RD STREET, STE J
City-St-Zip: BRADENTON, FL

Title: D () Delete
Name: BOYD, JAMES E.,
Address: 410 WEST 43RD STREET, STE J
City-St-Zip: BRADENTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BOYD, JAMES E
Address: 717 MANATEE AVE. W. STE. 300
City-St-Zip: BRADENTON, FL 34205

Title: P (X) Change () Addition
Name: OSBURN, L. PAT,
Address: 717 MANATEE AVE. W. STE. 300
City-St-Zip: BRADENTON, FL 34205

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES E. BOYD

CEO

02/21/2005

Electronic Signature of Signing Officer or Director

_____ Date