


2004 FOR PROFIT CORPORATION ANNUAL REPORT

8/27/04

FILED
Sep 30, 2004 8:00 am
Secretary of State

08-27-2004 90003 018 ***150.00

DOCUMENT # P03000046873					
1. Entity Name BOYLES FAMILY CORPORATION					
Principal Place of Business 191 EAST STATE ROAD 100 PO BOX 65 SAN MATEO, FL 32187		Mailing Address 191 EAST STATE ROAD 100 PO BOX 65 SAN MATEO, FL 32187			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 90-0105271	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CURRIE, ALLYSON 10 CINCINNATI 6712 HIDDEN CREEK BLVD. ST. AUGUSTINE, FL 32084 32086			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 resigning) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	FD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYLES, SARA J	NAME			
STREET ADDRESS	PO BOX 65	STREET ADDRESS			
CITY-ST-ZIP	SAN MATEO, FL 32187	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOYLES, STEPHEN L RJ	NAME			
STREET ADDRESS	6222 OLD DORRIS DRIVE 201 SARANAC LN.	STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084 32086	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILKINSON, LESLIE B	NAME			
STREET ADDRESS	PO BOX 474	STREET ADDRESS			
CITY-ST-ZIP	SAN MATEO, FL 32187	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLS, ADELE B	NAME			
STREET ADDRESS	370 HUNTER ROAD	STREET ADDRESS			
CITY-ST-ZIP	PALATKA, FL 32177	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Sara J. Boyles</u>		8/23/04 (386)325-7055			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		Date			