

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046873

FILED
Apr 24, 2005
Secretary of State

Entity Name: BOYLES FAMILY CORPORATION

Current Principal Place of Business:

191 EAST STATE ROAD 100
PO BOX 65
SAN MATEO, FL 32187

New Principal Place of Business:

Current Mailing Address:

191 EAST STATE ROAD 100
PO BOX 65
SAN MATEO, FL 32187

New Mailing Address:

FEI Number: 90-0105271 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CURRIE, ALLYSON
6712 HIDDEN CREEK BLVD
SAINT AUGUSTINE, FL 32086 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: PD () Delete
Name: BOYLES, SARA J
Address: PO BOX 65
City-St-Zip: SAN MATEO, FL 32187

Title: VD () Delete
Name: BOYLES, STEPHEN L R.J.
Address: 201 BARANAC LN
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: SD () Delete
Name: WILKINSON, LESLIE B
Address: PO BOX 474
City-St-Zip: SAN MATEO, FL 32187

Title: TD () Delete
Name: MILLS, ADELE B
Address: 370 HUNTER ROAD
City-St-Zip: PALATKA, FL 32177

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:

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: SARA J. BOYLES

PD

04/24/2005

Electronic Signature of Signing Officer or Director

_____ Date