


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # V00112
1. Entity Name
BOYNTON FIVE, INC.



Principal Place of Business
**7001 WEST LANTANA ROAD
LAKE WORTH, FL 33466 US**

Mailing Address
**P.O. BOX 540085
LAKE WORTH, FL 33454-0085 US**

DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0312744

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RHOADES, CLIFFORD R.
227 NORTH RIDGEWOOD DRIVE
SEBRING, FL 33870**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WHITWORTH, JOHN I III 3298 SHERWOOD BOULEVARD DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HALEY, VALTEAN 6450 FLAVOR PICT ROAD DELRAY BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST DUBOSE, JAMES E P.O. BOX 1652 N/A SEBRING, FL 33871
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/17/06-K0137-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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 employees.

SIGNATURE: James E. Dubose **JAMES E. DUBOSE** 1/26/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #