


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90108 035 ***150.00

DOCUMENT # V00112 1. Entity Name BOYNTON FIVE, INC.	
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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
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DO NOT WRITE IN THIS SPACE

40125618



07122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0312744	Applied For Not Applicable
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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 reinstating)

FILE NOW!!! FEE IS \$600.00
Due by September 14, 2007

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 3296 SHERWOOD BOULEVARD DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HALEY, VALTEAN 5450 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **7/11/07** **561-968-5039**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #