


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
**7001 WEST LANTANA ROAD**      **P.O. BOX 540085**  
**LAKE WORTH, FL 33466 US**      **LAKE WORTH, FL 33454-0085 US**



04062008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**65-0312744**      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**

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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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITWORTH, JOHN I III
STREET ADDRESS	3296 SHERWOOD BOULEVARD
CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE	VP
NAME	HALEY, VALTEAN
STREET ADDRESS	5450 FLAVOR PICT ROAD
CITY-ST-ZIP	DELRAY BEACH, FL 33437
TITLE	VPST
NAME	DUBOSE, JAMES E
STREET ADDRESS	P.O. BOX 1652 N/A
CITY-ST-ZIP	SEBRING, FL 33871
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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: JAMES E. DUBOSE      **JAMES DUBOSE**      4/10/08      561-968-5039

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #