04/06/2005 09:58 9047788885 R PRICE CFA

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Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90162 048 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 176465

1. Entity Name
BOYLES INVESTMENTS, INC.

Principal Place of Business	Mailing Address
4212 BLANDING BLVD PO BOX 2655 JACKSONVILLE, FL 32203	4212 BLANDING BLVD PO BOX 2655 JACKSONVILLE, FL 32203

04052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5404 SR 218 W	5404 SR 218 W
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIDDLEBURG FL	City & State: MIDDLEBURG FL
Zip: 32068 Country: USA	Zip: 32068 Country: USA

4. FEI Number: 59-0703155 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BOYLES, ALBERT J
4212 BLANDING BLVD
JACKSONVILLE, FL 32210

7. Name and Address of New Registered Agent
Name: Betty Boyles
Street Address (P.O. Box Number is Not Acceptable): 1640 Nolan Rd
City: Middleburg FL Zip Code: 32068

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: Betty Boyles (signature, typed or printed name of registered agent and title if applicable) DATE: 4/6/05
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOYLES, BETTY V 4212 BLANDING BLVD JACKSONVILLE, FL 32210.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D BOYLES, BETTY 1640 NOLAN RD MIDDLEBURG FL 32068	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BOYLES, ALBERT J 4212 BLANDING BLVD JACKSONVILLE, FL 32210.	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Betty Boyles (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) 4/6/05 (Date) (904) 764-9509 (Daytime Phone #)

Betty Boyles