


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90018 034 \*\*\*150.00

<b>DOCUMENT # 176465</b> 1. Entity Name BOYLES INVESTMENTS, INC.	
--	---

Principal Place of Business 5404 SR 218 W MIDDLEBURG, FL 32068	Mailing Address 5404 SR 218 W MIDDLEBURG, FL 32068
--	--

2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country
---	---

02012007 Chg-P CR2E034 (12/06)

4. FEI Number 59-0703155	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BOYLES, BETTY 1646 NOLAN RD MIDDLEBURG, FL 32068	7. Name and Address of New Registered Agent Name <u>RICHARD M BOYLES</u> Street Address (P.O. Box Number is Not Acceptable) <u>4222 SCENZLE DRIVE</u> City <u>MIDDLEBURG</u> FL Zip Code <u>32068</u>
---	---

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 Richard M. Boyles (NOTE: Registered Agent signature required when reinstating) DATE 2/19/07

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT BOYLES, RICHARD M 3940 LAKE CREST TERRACE MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>4222 SCENZLE DRIVE</u> <u>MIDDLEBURG, FL 32068</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BOYLES, JR, ALBERT J 1689 HERFORD RD MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Richard M. Boyles DATE 2/19/07 (904) 764-9507