

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 04, 2004 08:00 AM  
Secretary of State

DOCUMENT # 372250

1. Entity Name

LYOYD'S OF BOYNTON BEACH, INC.



Principal Place of Business

314 W. INDUSTRIAL AVENUE  
BOYNTON BEACH FL 33426

Mailing Address

314 W. INDUSTRIAL AVENUE  
BOYNTON BEACH FL 33426

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1309188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINNELL, LLOYD  
6099 PITCH LANE  
BOYNTON BEACH FL 33437

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME LINNELL, LLOYD  
STREET ADDRESS 6099 PITCH LANE  
CITY - ST - ZIP BOYNTON BEACH FL 33437

TITLE STD ☐ Delete  
NAME LINNELL, JANET A  
STREET ADDRESS 6099 PITCH LANE  
CITY - ST - ZIP BOYNTON BEACH FL 33437

TITLE VPD ☐ Delete  
NAME HOLMES, ROBERT C  
STREET ADDRESS 314 W. INDUSTRIAL AVENUE  
CITY - ST - ZIP BOYNTON BEACH FL 33426

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000000075845  
03/04/04-80004-002 150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/04

561-732-5252