

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # 393388

1. Entity Name  
F.A. BOYD AND SONS, INC.



Principal Place of Business

806 QUITMAN HWY NORTH  
GREENVILLE, FL 32331

Mailing Address

806 QUITMAN HWY NORTH  
GREENVILLE, FL 32331

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1372278

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, FREDERICK M  
447 SHAWTILLY CT.  
TALLAHASSEE, FL 32312

**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

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

(NOTE: Registered Agent signature required when re/instating)

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 D  
NAME MILLER, GEORGE W  
STREET ADDRESS 240 WEST WASHINGTON ST  
CITY-ST-ZIP MONTICELLO, FL

TITLE T  
NAME BOYD, STEPHANIE  
STREET ADDRESS 4867 ASHVILLE HWY  
CITY-ST-ZIP MONTICELLO, FL 32344

TITLE D  
NAME JOHN M. FINLAYSON  
STREET ADDRESS 25 FINCREST CIR.  
CITY-ST-ZIP GREENVILLE, FL 32331

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000824215  
02/20/08-80068-020 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #