

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 577583 1. Entity Name BOUTWELL ENTERPRISES, INC.	
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Principal Place of Business ROUTE #3 (HIGHWAY #89 FOUR (4) MILE SOUTH OF JAY, BOX 391 JAY, FL 32565	Mailing Address 3600 GREENWOOD ROAD JAY, FL 32565 US
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1839656	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BOUTWELL, BOBBY ALAN
HIGHWAY 4 (POST OFFICE BOX 338,
ONE MILE W. OF JAY ESTECH INC:BLDG.
JAY, FL 32565**

**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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOUTWELL, BILLY RONALD 3600 GREENWOOD ROAD JAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOUTWELL, DUPREE LAVON RT. 3, BOX 931 JAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOUTWELL, BOBBY ALAN RT. 2. STATE RD 197 JAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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01/10/07-80073-019 150.00

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:  **1-08-07 8506756218**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #