

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # 577583

1. Entity Name

BOUTWELL ENTERPRISES, INC.



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



01062008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000790805
01/23/08-80050-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOUTWELL, BILLY RONALD
STREET ADDRESS 3600 GREENWOOD ROAD
CITY-ST-ZIP JAY, FL

TITLE VD
NAME BOUTWELL, DUPREE LAVON
STREET ADDRESS RT. 3, BOX 931
CITY-ST-ZIP JAY, FL

TITLE STD
NAME BOUTWELL, BOBBY ALAN
STREET ADDRESS RT. 2, STATE RD 197
CITY-ST-ZIP JAY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 #

1-18-08 850 675 6218