


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 629582					
1. Entity Name OLBOY INCORPORATED					
Principal Place of Business 1745 SPINNINGWHEEL DR. LUTZ FL 33559 US			Mailing Address 1745 SPINNINGWHEEL DR. LUTZ FL 33559 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1931760 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOYD, DOLORES M 1745 SPINNINGWHEEL DR. LUTZ FL 33559				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	PSD	<input type="checkbox"/> Delete			
NAME	BOYD, DOLORES M				
STREET ADDRESS	1745 SPINNING WHEEL DR				
CITY- ST- ZIP	LUTZ FL 33559				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	COSTENBADER, KATHLEEN				
STREET ADDRESS	1745 SPINNING WHEEL DR				
CITY- ST- ZIP	LUTZ FL 33559				
TITLE	VD	<input type="checkbox"/> Delete			
NAME	BOYD, WILLIAM J				
STREET ADDRESS	1745 SPINNING WHEEL DR				
CITY- ST- ZIP	LUTZ FL 33559				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
U00000322347 04/22/05-80009-020 150.00					

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: William J Boyd **4/18/05 (813) 949-2063**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #