## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F03000004525

Name:

Address: City-St-Zip: RODGERS, KATHLEEN A

320 REMINGTON DRIVE

OVIEDO, FL 32765

Entity Name: BOYLE ENTERPRISES OF ORLANDO, INC.

FILED Apr 09, 2009 Secretary of State

Littly Nai	ile. BOTLE E	NTERFRISES OF ORLANDO	z, iivo.			
Current Principal Place of Business:				New Principal Place of Business:		
12565 RESEARCH PARKWAY, SUITE 300 ORLANDO, FL 32826				12565 RESEARCH PARKWAY, SUITE 300 ORLANDO, FL 32826		
Current Mailing Address:				New Mailing Address:		
12565 RESEARCH PARKWAY, SUITE 300 ORLANDO, FL 32826				12565 RESEARCH PARKWAY, SUITE 300 ORLANDO, FL 32826		
FEI Number:	75-2462475	FEI Number Applied For ( )	FEI Num	nber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
BOYLE, JIM 12565 RESEARCH PARKWAY, SUITE 300 ORLANDO, FL 32826 US				BOYLE, JIM 12565 RESEARCH PARKWAY, SUITE 300 ORLANDO, FL 32826 US		
The above in the State	named entity s e of Florida.	submits this statement for the	purpose of	f changing its registere	d office or registered agent, or both,	
SIGNATURE:				04/09/2009		
Electronic Signature of Registered Agent				Date		
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( ) BOYLE, JAMES 320 REMINGTO OVIEDO, FL 3	N DRIVE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	P ( ) BOYLE, JIM 320 REMINGTO OVIEDO, FL 33			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	S ()	Delete		Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES BOYLE PRES 04/09/2009