

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F86848

FILED
Mar 23, 2006
Secretary of State

Entity Name: WILLIAM O. BOYD, P.A.

Current Principal Place of Business:

% WILLIAM O. BOYD
2250 OLD HWY 441
MOUNT DORA, FL 32757 US

New Principal Place of Business:

% WILLIAM O. BOYD
602 EAST FIFTH AVENUE
MOUNT DORA, FL 32757 US

Current Mailing Address:

% WILLIAM O. BOYD
POST OFFICE BOX 895
MOUNT DORA, FL 32756 US

New Mailing Address:

FEI Number: 59-2209874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, WILLIAM O.
2250 OLD HDWY 441
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOYD, WILLIAM O,
Address: 2250 OLD HWY 441
City-St-Zip: MT DORA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: WILLIAM O. BOYD

PRES

03/23/2006

Electronic Signature of Signing Officer or Director

_____ Date