

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90994 031 ***150.00

DOCUMENT # F93000005947

1. Entity Name

JOHN BOYLE & COMPANY, INCORPORATED



Principal Place of Business

1401 OLD DIXIE HWY.
LAKE PARK FL 33403

Mailing Address

PO BOX 791
STATESVILLE NC 28687
US

94067420



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4967040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONALD FRANK
1019 LARCH WAY
W. PALM BEACH FL 33414

7. Name and Address of New Registered Agent

Name

Robert Barnes

Street Address (P.O. Box Number is Not Acceptable)

1401-101 Old Dixie Highway

City

Lake Park

FL

Zip Code

33403

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

Robert Barnes

Robert Barnes

4-20-04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> Delete
NAME	BELL, JOHN B	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBB, WALTER E	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	P	<input type="checkbox"/> Delete
NAME	STELZNER, PAUL	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROWN, JEFFERY	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONINE, WALTER	
STREET ADDRESS	1803 SALISBURY RD	
CITY-ST-ZIP	STATESVILLE NC 28677	
TITLE	V	<input type="checkbox"/> Delete
NAME	DORFMAN, MICHAEL B	
STREET ADDRESS	1803 SALISBURY ROAD	
CITY-ST-ZIP	STATESVILLE NC 28677	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COB/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bell, John B	
STREET ADDRESS	1803 Salisbury Road	
CITY-ST-ZIP	Statesville, NC 28677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stelzner, Paul	
STREET ADDRESS	1803 Salisbury Road	
CITY-ST-ZIP	Statesville, NC 28677	
TITLE	D/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brown, Jeffrey L	
STREET ADDRESS	1803 Salisbury Road	
CITY-ST-ZIP	Statesville, NC 28677	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Baechle	
STREET ADDRESS	1803 Salisbury Road	
CITY-ST-ZIP	Statesville NC 28677	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorfman, Michael B.	
STREET ADDRESS	1803 Salisbury Road	
CITY-ST-ZIP	Statesville NC 28677	

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

Jeffrey L. Brown JEFFREY L. BROWN

4/16/04 (704) 872-8151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #