

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90037 039 ***150.00

DOCUMENT # F93000005947

1. Entity Name
JOHN BOYLE & COMPANY, INCORPORATED



Principal Place of Business
**1401-101 OLD DIXIE HWY
LAKE PARK, FL 33403**

Mailing Address
**PO BOX 791
STATESVILLE, NC 28687 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

13-4967040

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CSD
BELL, JOHN B
1803 SALIBURY RD
STATESVILLE, NC 28677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**White, William W.
1803 Salisbury Road
Statesville, NC, 28677** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROBB, WALTER E
1803 SALISBURY RD
STATESVILLE, NC 28677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Lippert, Richard E
1803 Salisbury Rd
Statesville, NC 28677** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STELZNER, PAUL
1803 SALISBURY RD
STATESVILLE, NC 28677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DCFO
BROWN, JEFFREY L
1803 SALISBURY RD
STATESVILLE, NC 28677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BAECHLE, JOHN
1803 SALISBURY RD
STATESVILLE, NC 28677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
DORFMAN, MICHAEL B
1803 SALISBURY ROAD
STATESVILLE, NC 28677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: **Jeffrey L. Brown**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/07
Date

(704) 872-8151
Daytime Phone #