


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # F98220 1. Entity Name LOUIS BOYLESTON REALTY & AUCTION, INC.	
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Principal Place of Business 114 W. WRIGHT STREET (P.O. BOX 12504 ZIP 32573-2504) PENSACOLA, FL 32501	Mailing Address 114 W. WRIGHT STREET (P.O. BOX 12504 ZIP 32573-2504) PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE

02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2262172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GINA L BOYLESTON
114 W. WRIGHT ST.
PENSACOLA, FL 32501**

**DO NOT WRITE
IN THIS SPACE**

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: *Gina L Boyleston* (NOTE: Registered Agent signature required when reinstating)

DATE: 5/20/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYLESTON, GINA L 2504 ABBIE ELIZABETH CT GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOYLESTON, LOUISE 709 JAMESTOWN DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/24/04-80005-024 150.00

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IN THIS SPACE**

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: *Gina L Boyleston* DATE: 5/20/04 DAYTIME PHONE #: 850-434-0399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR