

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# H02484

FILED
Jun 09, 2009
Secretary of State**Entity Name:** BOYNTON FISHERMAN SUPPLY, INC.**Current Principal Place of Business:**% JACK H. GAYEGIAN
618 N FED HWY
BOYNTON BEACH, FL 33435**New Principal Place of Business:****Current Mailing Address:**% JACK H. GAYEGIAN
618 N FED HWY
BOYNTON BEACH, FL 33435**New Mailing Address:****FEI Number:** 59-2419488**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GAYEGIAN, JACK H.
618 N FEDERAL HWY #618
BOYNTON BEACH, FL 33435 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

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: GAYEGIAN, JACK
Address: 4590 CATAMARAN CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436 US**Title:** VTS (X) Delete
Name: GAYEGIAN, LYNDAL
Address: 4590 CATAMARAN CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33436**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JACK GAYEGIAN

PRES

06/09/2009

Electronic Signature of Signing Officer or Director

Date