

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # J43612

1. Entity Name
BOYD INSURANCE & INVESTMENT SERVICES, INC.



Principal Place of Business

**717 MANATEE AVE. W
STE. 300
BRADENTON, FL 34205 US**

Mailing Address

**% JAMES E. BOYD
POST OFFICE BOX 1749
BRADENTON, FL 34206**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2741565

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

**BOYD, JAMES E.
717 MANATEE AVE. W
STE. 300
BRADENTON, FL 34205**

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**

**U000000590524
01/18/07-80059-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BOYD, JAMES E 717 MANATEE AVE. W. STE. 300 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBURN, L. PAT 717 MANATEE AVE. W. STE. 300 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, JAMES E. 410 WEST 43RD STREET, STE J BRADENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

L. Pat Osburn L Pat Osburn 1/16/07 941-745-8300