


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # J57708  
1. Entity Name  
BOYNTON WEST LAND & DEVELOPMENT CO., INC.



Principal Place of Business  
8762 ESTATE DRIVE  
WEST PALM BEACH, FL 33411

Mailing Address  
8762 ESTATE DRIVE  
WEST PALM BEACH, FL 33411

**DO NOT WRITE IN THIS SPACE**



02152005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2820318 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
WEINSTEIN, FRED ESQ.  
1901 S CONGRESS AVE #360  
BOYNTON BEACH, FL 33426

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SLAMAN, ALLEN I. 8762 ESTATE DRIVE WEST PALM BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLAMAN, ROBERT A. 4646 W HWY 192 KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/17/05-80004-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 other like empowered.

SIGNATURE: Allen I. Slaman, V.P. 2/28/05 (407) 396-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #