

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K56767**

1. Entity Name  
**CIBELLA, BOYLE & ASSOCIATES, INC.**



Principal Place of Business  
**2001 W. SAMPLE RD.  
STE. 410  
POMPANO BCH., FL 33064**

Mailing Address  
**2001 W. SAMPLE RD.  
STE. 410  
POMPANO BCH., FL 33064**



05132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0093423**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CIBELLA, CHARLES VINCENT  
5273 ADAMS RD  
DELRAY BEACH, FL 33484**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P  
CIBELLA, CHARLES VINCENT  
5273 ADAMS RD  
DELRAY BEACH, FL 33484**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**ST  
BOYLE, BRUCE P  
6312 NW 42ND TERRACE  
COCONUT CREEK, FL 33073**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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05/19/05-80001-025 150.00

**DO NOT WRITE  
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)(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 and all other like empowerments.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

System Phone #