


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90047 034 ***150.00

DOCUMENT # L17611
 1. Entity Name
BOYD SPECIALTIES, INC.




Principal Place of Business
**3175 W INTERNATIONAL SPEEDWAY BLVD
 A45
 DAYTONA BEACH, FL 32124**

Mailing Address
**P.O. BOX 851
 ORMOND BEACH, FL 32175**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01212008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2965702 Applied For
 Not Applicable

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

City & State
 Zip Country

City & State
 Zip Country

6. Name and Address of Current Registered Agent

**BOYD, CAROLYN
 3175 W INTERNATIONAL SPEEDWAY BLVD
 A45
 DAYTONA BEACH, FL 32114**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	BOYD, ROBERT B.
STREET ADDRESS	3175 W INTERNATIONAL SPEEDWAY BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	D <input type="checkbox"/> Delete
NAME	BOYD, CAROLYN
STREET ADDRESS	3175 W INTERNATIONAL SPEEDWAY BLVD
CITY-ST-ZIP	DAYTONA BEACH, FL 32124
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Carolyn Boyd **CAROLYN BOYD** 1-24-08 386-316-7403
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #