

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L27511</b> 1. Entity Name <b>BOYER'S LAKE, INC.</b>			
Principal Place of Business <b>210 EAST FORSYTH ST. JACKSONVILLE, FL 32202</b>		Mailing Address <b>210 EAST FORSYTH ST. JACKSONVILLE, FL 32202</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02032005 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-2977031</b>	
		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BOYER, TYRIE A. 200 E. FORSYTH ST. JACKSONVILLE, FL 32202</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	DP		
NAME	BOYER, TYRIE A.		
STREET ADDRESS	210 E FORSYTH ST		
CITY-ST-ZIP	JACKSONVILLE, FL		
TITLE	DST		
NAME	STEVENS, JAMES P		
STREET ADDRESS	1301 RIVERPLACE BLVD STE 2640		
CITY-ST-ZIP	JACKSONVILLE, FL 32207		
TITLE	D		
NAME	BOYER, KENNEDY G.		
STREET ADDRESS	19801 NW HWY 335		
CITY-ST-ZIP	WILLISTON FL,		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Tyrie A. Boyer, President</i>		2-16-05 (904) 358-3030	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	