2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # L37684				Secretary of State
1. Entity Nar BOILY &	SON, INC.			Secretary of State
Principal Place of Business		Mailing Address	,	-
12439 ARBOR VIEW DR		12439 ARBOR VIEW D	OR .	
FT MYERS	FL 33908	FT MYERS FL 33908		
2. Principal Place of Business		3. Mailing Address		L THE CONTROL OF THE STATE OF THE STATE OF THE CONTROL OF THE CONTROL OF THE STATE
Suite. Apt. #, etc.		Suite, Apt. II., etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 65-0185445 Applied For Not Applied by
Zip	Country	Zıp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
-	6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
BOILY, BOB 12439 ARBOR VIEW DR FT MYERS FL 33908				(P.O. Box Number is Not Acceptable)
		•		
			City	FL Zip Code pred agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature Typed in privided name of registered agen	Land lifte if application (NOTI	E. Rogistered Agent signature require	o when reinstalary) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fea Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Br Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	P BOILY, ROBERT	☐ Delote	TITLE NAME	☐ Charge ☐ Additio
STRLET ADDRESS City-St-ZIP	12439 ARBOR VIEW DR FT MYERS FL 33908		STREET ADDRESS CITY-ST-ZIP	U00000428461 02/21/06-80049-002 150.00
TITLE		☐ Delete	HIFE	☐ Change ☐ Addilio
NAME STREET ADDRESS			NAME	
CHY-ST-ZE	}		STREET ADDRESS CITY-SI-ZIP	
intíl		☐ Delta:	· pag ·	☐ Change ☐ Adrinio
NAME STREET ADDRESS	}		NVWII	
CITY-ST-ZIV	{		STRLET ADDRESS CHY-SI-2IP	
TITLE		☐ Delete	TITLE	☐ Chango ☐ Additio
NAME	}		NAME	
STREET ADDRESS C)FY - S1 - ZIP			STREET ACORESS CHY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addilito
NAME STREET ADDRESS			NAME CLOSELY ADDRESS	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
HITE		☐ Delete	litte	Change
NAME STREET ADDRESS			HAME	•
City-St-Zip			SIREEI ADORESS CITY-SI-ZIP	
	and to the state of an area and an area and area	th this films does not mustiful		ed in Section 119 Florida Statutes, I turther certify that the information

FILED

indicated on this report or supplier with the information shall be information indicated on this report or supplier with the first indicated 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 of changed, or on an attactment with an address, with all other like empowered.

SIGNATURE:

Rubers A. Boilly 2/6/06/0754-336-7060