

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L55599

FILED  
Feb 14, 2005  
Secretary of State

Entity Name: BOYNTON INSURANCE SERVICES INC.

**Current Principal Place of Business:**

C/O THOMAS LLOYD-JONES  
2238 N. CONGRESS AVENUE  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

C/O THOMAS LLOYD-JONES  
2238 N. CONGRESS AVENUE  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 65-0189320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LLOYD-JONES, THOMAS  
2238 N. CONGRESS AVENUE  
BOYNTON BEACH, FL 33426 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTS ( ) Delete  
Name: LLOYD-JONES, THOMAS,  
Address: 2238 N. CONGRESS AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP ( ) Delete  
Name: LLOYD-JONES, REBECCA  
Address: 2238 N CONGRESS AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33426

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS LLOYD-JONES

PTS

02/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date