


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90102 043 ***150.00

DOCUMENT # M94294 1. Entity Name BOYD IRRIGATION, INC.	
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Principal Place of Business C/O NANCY JO BOYD 5115 GENESEE PKY. BOKEELIA, FL 33922	Mailing Address C/O NANCY JO BOYD 5115 GENESEE PKY. BOKEELIA, FL 33922
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0075236	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOYD, JEFFREY D
5115 GENESEE PKY.
BOKEELIA, FL 33922**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOYD, JEFFREY D. 1325 CARLENE AVE FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOYD, STEVEN J 3334 MCGREGOR BLVD FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BOYD, NANCY J 5115 GENESEE PKWY BOKEELIA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: NT Boyd **NT BOYD** 01-15-07 239-283-5281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #