

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**



DOCUMENT # P00000081740  
 1. Entity Name  
**THE BOYCE TEAM, INC.**

Principal Place of Business      Mailing Address  
 2600 S FLA AVENUE      2600 S FLA AVENUE  
 LAKELAND, FL 33803      LAKELAND, FL 33803

**DO NOT WRITE IN THIS SPACE**



07012004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3675558      Not Applicable  
 5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BOYCE, JOHN R  
 2600 S FLA AVENUE  
 LAKELAND, FL 33803

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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: *John R. Boyce*      JOHN R. BOYCE      7/1/04  
Signature, typed or printed name of registered agent and title, applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BOYCE, JOHN R 2600 S FLA AVENUE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOYCE, PATRICIA J 314 W PALM AVENUE LAKELAND, FL 33803
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U00000163507  
 07/07/04-80006-007 150.00  
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John R. Boyce*      7/1/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #