2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000008280

1. Entity Name

THE BOYD GROUP, INC.

Principal Place of Business



Mailing Address

717 MANATEE AVE. WEST., STE 300 BRADENTON, FL 34205 US

717 MANATEE AVE. WEST., STE 300 BRADENTON, FL 34205 US

FILED Jan 18, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1092995 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GILBERT A JR. 601 12TH STREET WEST BRADENTON, FL 34205

the obligations of registered agent.

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SIGNATURE Signeture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signeture 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. \$5.00 May Be Added to Fees			U00000590521 01/18/07-80059-016 150.00	
10. OFFICERS AND DIRECTORS					_	
TITLE	P		1			
NAME	BOYD, JAMES E					
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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

STREET ADDRESS 717 MANATEE AVE. W. SUITE 300 CITY-ST-ZIP BRADENTON, FL 34205 DIVP TITI F NAME OSBURN, L. PAT STREET ADDRESS 717 MANATÉE AVE. W. SUITE 300 BRADENTON, FL 34205 CITY-ST-ZIP TITLE MABRY, BYRON C NAME STREET ADDRESS 717 MANATEE AVE. WEST., STE 300 CITY-ST-ZIP BRADENTON, FL 34205 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07

941-745-8300

Deytime Phone #