## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 14, 2005 08:00 AM Secretary of State **DOCUMENT # P01000008509** 1. Entity Name BOYNTON AUTO WORKS, INC. Principal Place of Business Mailing Address 409 N. RAILROAD AVE 409 N. RAILROAD AVE BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1068443 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRAZIER, RICHARD DO NOT WRITE 409 N. RAILROAD AVE BOYNTON BEACH, FL 33435 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSD** TITLE FRAZIER, RICHARD III NAME 705 NE 7TH AVE STREET ADDRESS CITY-ST-ZIP BOYNTON BCH, FL 33435 TITLE U00000262762 03/14/05-80067-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED ON PRUTED NAME OF SIGNING OFFICER OR DIRECTO

STREET ADDRESS CITY-ST-ZIP

Murch 9,05 341-752-2228

FILED