

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90286 022 ***150.00

DOCUMENT # P01000038341

1. Entity Name

BONEY, CARR, JOHNSON & DAVIS, INC.



Principal Place of Business

5889 S. WILLIAMSON BLVD.
SUITE 1307
PORT ORANGE FL 32128

Mailing Address

5889 S. WILLIAMSON BLVD.
SUITE 1307
PORT ORANGE FL 32128



2. Principal Place of Business

507 HERBERT ST
Suite D

3. Mailing Address

507 HERBERT ST
Suite D

1st MOORE

CR2E034 (10/05)

City & State

Port Orange FL

City & State

Port Orange FL

4. FEI Number

59-3720786

Applied For

Not Applicable

Zip

32129

Country

Volusia

Zip

32129

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRABTREE, R.R.
CRABTREE & FALLAR, P.A.
8777 SAN JOSE BLVD.
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BONEY, WALTER T JR	507 Herbert St
STREET ADDRESS	5889 S. WILLIAMSON BLVD.	Suite D
CITY-ST-ZIP	PORT ORANGE FL 32128	32129
TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, DERRICK G	507 Herbert St
STREET ADDRESS	5889 S. WILLIAMSON BLVD.	Suite D
CITY-ST-ZIP	PORT ORANGE FL 32128	32129
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, TIMOTHY E	507 Herbert St
STREET ADDRESS	5889 S. WILLIAMSON BLVD.	Suite D
CITY-ST-ZIP	PORT ORANGE FL 32128	32129
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, DARICK C	507 Herbert St
STREET ADDRESS	5889 S. WILLIAMSON BLVD.	Suite D
CITY-ST-ZIP	PORT ORANGE FL 32128	32129
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/06 386-763-1012

Date

Daytime Phone #