

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90198 009 \*\*\*150.00

<b>DOCUMENT # P01000061070</b>						
<b>1. Entity Name</b> BOYLE ENTERPRISES, INC.						
<b>Principal Place of Business</b> 2134 PARK AVE. ORANGE PARK, FL 32073			<b>Mailing Address</b> 820 OLIVER ELLSWORTH ORANGE PARK, FL 32073			
<b>2. Principal Place of Business</b> 834 KINGSLEY AVE. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2286 ORANGE AVE. Suite, Apt. #, etc.				
<b>City &amp; State</b> ORANGE PARK		<b>City &amp; State</b> ORANGE PARK		<b>4. FEI Number</b> 59-3726559		
<b>Zip</b> 32073		<b>Country</b> CLAY		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> BOYLE, DENNIS 820 OLIVER ELLSWORTH ORANGE PARK, FL 32073				<b>7. Name and Address of New Registered Agent</b> Name: DENNIS BOYLE Street Address (P.O. Box Number is Not Acceptable): 2286 ORANGE AVE. City: ORANGE PARK FL Zip Code: 32073		
<b>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.</b> SIGNATURE: <i>Dennis E Boyle</i> DENNIS BOYLE x 4-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> P	<b>NAME</b> BOYLE, DENNIS		<input type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> BOYLE, DENNIS	
<b>STREET ADDRESS</b> 820 OLIVER ELLSWORTH	<b>CITY-ST-ZIP</b> ORANGE PARK, FL 32073		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b> 2286 ORANGE AVE	<b>CITY-ST-ZIP</b> ORANGE PARK FL 32073	
<b>TITLE</b> STD	<b>NAME</b> BOYLE, PHILLIS		<input type="checkbox"/> Delete	<b>TITLE</b> STD	<b>NAME</b> BOYLE, PHILLIS	
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<b>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.</b>						
<b>SIGNATURE:</b> <i>Dennis E Boyle</i> x 4-30-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						