

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000061070

1. Entity Name
BOYLE ENTERPRISES, INC.



Principal Place of Business
834 KINGSLEY AVE.
ORANGE PARK, FL 32073

Mailing Address
2286 ORANGE AVE.
ORANGE PARK, FL 32073

FILED
May 01, 2006 08:00 AM
Secretary of State



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3726559

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOYLE, DENNIS
2286 ORANGE AVE.
ORANGE PARK, FL 32073

**DO NOT WRITE
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000552812
05/15/06-80025-025 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BOYLE, DENNIS
2286 ORANGE AVE.
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
BOYLE, PHILLIS
2286 ORANGE AVE.
ORANGE PARK, FL 32073

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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 filing 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

Date

Daytime Phone #

04-29-06 904-215-19