2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000088444

1. Entity Name

RICH BOYINGTON GOLDSMITH, INC.



FILED Jan 18, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

13600 US HWY ONE STE 5 SEBASTIAN, FL 32958 13600 US HWY ONE STE 5 SEBASTIAN, FL 32958



01112008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1136454 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYINGTON, RICH 13600 US HWY ONE STE 5 SEBASTIAN, FL 32958

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				IN	I NIS SPACE	
	named entity submits this statement for the prices of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
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, 2008 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		······································	<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BOYINGTON, RICHARD J 13600 US HWY ONE, SUITE 5 SEBASTIAN, FL 32958					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000000788687 01/18/08-80051-010 150.00		
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-			
TITLE						

12. Thereby 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:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08

112-589-3151

Deutime Phone