


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90223 041 \*\*\*150.00

<b>DOCUMENT # P02000008280</b>			
1. Entity Name <b>FELICIA M BOYD &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>1402 DECLARATION DRIVE JACKSONVILLE BEACH, FL 32250 US</b>		Mailing Address <b>1402 DECLARATION DRIVE JACKSONVILLE BEACH, FL 32250 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SCHNEIDER, MICHAEL N 5150 BELFORT RD BLDG 100 JACKSONVILLE, FL 32256</b>		7. Name and Address of New Registered Agent Name <b>Felicia M. Boyd</b> Street Address (P.O. Box Number is Not Acceptable) <b>1402 Declaration Drive</b> City <b>Jacksonville Beach FL</b> Zip Code <b>32250</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. SIGNATURE <u><i>Felicia Boyd</i></u> DATE <u>6/30/05</u> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT BOYD, FELICIA M 1402 DECLARATION DRIVE JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LEGETT, BOB 1402 DECLARATION DRIVE JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Felicia Boyd</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>06/30/05</u> (904) 246-2228 <small>Daytime Phone #</small>	

Due date is Sept 7, 2005  
We do not owe \$400 late fee.  
Thank you  
Felicia Boyd