2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000023616

1. Entity Name
PAUL S. BOONE, P.A.

Principal Place of Business	Mailing Address
4811 BEACH BLVD., STE. 401 JACKSONVILLE, FL 32207	4811 BEACH BLVD., STE. 401 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

02032005   No Chg-P   CR2E034 (10/03)

4. FEI Number 04-3631028	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

BOONE, PAUL S
4811 BEACH BLVD., STE. 401
JACKSONVILLE, FL 32207

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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000220609
02/08/05-80076-007 150.00

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	BOONE, PAUL S
STREET ADDRESS	9425 CONIFER RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32257

TITLE	DVST
NAME	BOONE, LATRICA A
STREET ADDRESS	9425 CONIFER RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32257

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 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: _Paul R Boone_   2/3/05   (904) 396-4130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
PAUL S. BOONE