

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90099 002 ***150.00

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1. Entity Name
BOARD GOVERNANCE SERVICES, INC.



Principal Place of Business
505 S FLAGLER DR
STE 1450
WEST PALM BEACH, FL 33401

Mailing Address
505 S FLAGLER DR
STE 1450
WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3643164

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NEWQUIST, AILEEN
300 EL BRILLO WAY
PALM BEACH, FL 33480

**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

10. OFFICERS AND DIRECTORS

TITLE C
NAME NEWQUIST, SCOTT C
STREET ADDRESS 505 S FLAGLER DR STE 1450
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE P
NAME ECCLES, ROBERT
STREET ADDRESS 505 S FLAGLER DR STE 1450
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE S
NAME NEWQUIST, AILEEN
STREET ADDRESS 505 S FLAGLER DR STE 1450
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

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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:

Aileen M. Newquist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aileen M. Newquist 1-17-06 561-835-8396

Date

Daytime Phone #