


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90033 032 ***150.00

DOCUMENT # P02000090225

1. Entity Name
BOYNTON PALMS CORP.



Principal Place of Business Mailing Address

~~6044 NW 66TH WAY~~ ~~6044 NW 66TH WAY~~
~~PARKLAND, FL 33067~~ ~~PARKLAND, FL 33067~~

2. Principal Place of Business 3. Mailing Address

3758 N.W. 4TH COURT **3758 N.W. 4TH COURT**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

BOCA RATON, FLORIDA **BOCA RATON, FLORIDA**

Zip Country Zip Country

33431 **USA** **33431** **USA**



04072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

~~PAVLIK, MITCHELL R~~
~~6044 W 66TH WAY~~
~~PARKLAND, FL 33067~~

7. Name and Address of New Registered Agent

Name: **MITCHELL R. PAVLIK**

Street Address (P.O. Box Number is Not Acceptable):
3758 N.W. 4TH COURT

City: **BOCA RATON, FL** Zip Code: **33431**

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, the registered agent.

SIGNATURE: *[Signature]* **MITCHELL R. PAVLIK, PRESIDENT** **4-9-04**

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAVLIK, MITCHELL 6044 NW 66TH WAY PARKLAND, FL 33067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD PAVLIK, DONALD 3758 NW 4TH COURT BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAVLIK, MITCHELL 3758 N.W. 4TH COURT BOCA RATON, FLORIDA 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **MITCHELL R. PAVLIK, PRESIDENT** **4-9-04** **561** **860-9456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #