


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000118421 1. Entity Name CIRCLES OF SUPPORT, INC.	
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Principal Place of Business 11 SE EGLIN PKWY #8 FT WALTON BEACH, FL 32548	Mailing Address 7 WIMBLEDON WAY SHALIMAR, FL 32579
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01122004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2385363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BOYLE, BRENDA D 7 WIMBLEDON WAY SHALIMAR, FL 32579
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**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, 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	CEO BOYLE, BRENDA D 7 WIMBLEDON WAY SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYLE, ROBERT F 7 WIMBLEDON WAY SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHISOLM, TRACY 2805 ULTRA LN CRESTVIEW, FL 32539
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CHISOLM, KIM 4344 LANGLEY AVE APT F138 PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RICE, LEIGH 16 NORTH AVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000009778  
01/22/04-80004-017 150.00

**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: Brenda Boyle 1-14-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #