

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000036172

1. Entity Name  
BOYNTON BEACH FARMS, INC.



Principal Place of Business

4573 MARINER'S COVE DR  
WELLINGTON, FL 33467

Mailing Address

4573 MARINER'S COVE DR  
WELLINGTON, FL 33467



07202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1660642

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKEON, MAUREEN  
4573 MARINER'S COVE DR  
WELLINGTON, FL 33467

**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  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** 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

TITLE D  
NAME HUNTER, ROBERT  
STREET ADDRESS 4573 MARINER'S COVE DR  
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE D  
NAME MCKEON, MAUREEN  
STREET ADDRESS 4573 MARINER'S COVE DR  
CITY-ST-ZIP WELLINGTON, FL 33467

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U000000374628  
07/26/05-80008-022 150.00

**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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/22/05

561-734 4047