


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

COPY

DOCUMENT # P03000112416					
1. Entity Name BOYLES & JACKSON, INC.					
Principal Place of Business 517 JOHNS PASS AVE MADEIRA BEACH FL 33708			Mailing Address 517 JOHNS PASS AVE MADEIRA BEACH FL 33708		
2. Principal Place of Business 12553 GILMERTON RD		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State LARGO, FL		City & State		4. FEI Number 83-0372721	
Zip 33774		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN WAGENEN, H. WILLIAM 147 N BELCHER ROAD LARGO FL 33771			7. Name and Address of New Registered Agent Name <u>Rebecca Boyles Kevin Jackson</u> Street Address (P.O. Box Number is Not Acceptable) <u>517 JOHNS PASS AVE</u> City <u>MADEIRA BEACH</u> FL <u>33708</u>		
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 <u>Kevin Jackson</u> <u>REBECCA BOYLES</u> DATE <u>8-25-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State			S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		
9. Election Campaign Financing - \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYLES, JAMES V <input checked="" type="checkbox"/> Delete 517 JOHNS PASS AVE MADEIRA BEACH FL 33708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700042557367 11/08/04--01043--001 ***150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Rebecca Boyles <input type="checkbox"/> Delete 517 JOHNS PASS AVE MADEIRA BEACH FL 33708		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES D P Rebecca Boyles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 517 JOHNS PASS AVE MADEIRA BEACH FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. JACKSON, KEVIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 517 JOHNS PASS AVE MADEIRA BEACH FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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: <u>Kevin Jackson</u>			Date <u>8-25-04</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

FILED
04 NOV -8 PM 12:19
SECRETARY OF STATE
REINSTATEMENT
04

MOORE CR2E034 (4/04)

To Whom It May Concern:

In reference for our Corporation fees: All of our documents and information on our fees were being sent to the broker that we used to close out. The agent is Bill Weyman: 147 N. Belcher Rd E.H.A. Buxton Properties Inc.

Therefore, we did not receive any of the information.

Please find inside the check for \$150.00.

Respectfully,

Rebecca Boyles
President