

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90335 035 ***150.00

DOCUMENT # P03000157893

1. Entity Name
BOYER HOMES AND ADDITIONS, INC.



Principal Place of Business
**8725 STATE RD 52 9038 State
HUDSON, FL 34667 Road 52, #31**

Mailing Address
**8725 STATE RD 52
HUDSON, FL 34667**

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 20-6602404 | 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

BOYER, CLIFFORD
87245 STATE ROAD 52 12105 Windriver LN, #5
HUDSON, FL 34667-2929

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 | PSTD BOYER, CLIFFORD 87245 STATE ROAD 52 12105 Windriver LN, #5 HUDSON, FL 34667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST BOYER, KAREN 8725 STATE ROAD 52 12105 Windriver LN, #5 HUDSON, FL 346672929 |
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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: Cliff A Boyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05 727 4572504
Date Daytime Phone #