## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000059092

## **FILED** Jan 18, 2005 8:00 am Secretary of State

01-18-2005 90038 008 \*\*\*150.00

Proceipal Place of Business	1. Entity Nam BOYD'S I		SERVICE, INC.									
1115 LEBRUN OR   ACKSONVILLE, FL 3205	Principal Place of Business Mailing Address					Į.	7					
Suite, Apt. #, etc.   Suite, Apt. #, etc.   D1102005   Chg.P   CR2E034 (U1073)	1116 LEBRUN DR 1			1116 LEBRUN DR	1116 LEBRUN DR			40001893				
City & State  Ci	2. Principal P	Place of Busin	ness	3. Mailing Address	· · · · · ·							
Zip Country Sip Screek and address of Current Registered Agent 7. Name and Address of New Registered Agent 7.	Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-P	CR2E034 (	(10/03)		
S. Cerimicate of Status Deserted Sequence Sequen	City & State			City & State	City & State			er 093 2	2927.		·	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Bo	Zip			,			5. Sertificate of Status Besilied Fee Required					
BOYD, EDWARD F JACKSONVILLE, FL 32205  Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name	and Address of Current	Registered Agent		<del></del>						
SCHATURES    City   Cit												
## The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signat	JACKSON	VILLE, FL	. 32205									
SIGNATURE Squature, hypotor princed name of registered agent and lide of applicable. (PATE Registered Agent spinulare inclusion)  FILE NOW!!! FEE IS \$150.00									FL	<u> </u>		
TILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE BOYD, EDWARD 1116 LEBRUN DR STREET ADDRESS CITY-ST-ZP  TITLE NAME STREE												
After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  DP BOYD, EDWARD	SIGNATURE											
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12. Thereby 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		<u> </u>						=		<del></del>		

recess certify that the information supplied with this hilling does not quality 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:

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daylime Phone #