

ANNUAL REPORT

DOCUMENT # P04000070941

1. Entity Name
D & B OF BOYNTON CORPORATION



FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90140 049 ***150.00

Principal Place of Business
11 HEATHER TRACE DR.
BOYNTON BEACH, FL 33436

Mailing Address
11 HEATHER TRACE DR.
BOYNTON BEACH, FL 33436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262005

Chg-P

CR2E034 (10/03)

4. FEI Number

41-2137300

Applied For

Not Applicable

6. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORGES, DALINDA
11 HEATHER TRACE DR.
BOYNTON BEACH, FL 33436

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the if applicable.

(NOTE: Registered Agent signature required when reappointing)

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 D ☐ Delete
NAME BORGES, DALINDA
STREET ADDRESS 11 HEATHER TRACE DR.
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE D ☐ Delete
NAME BORGES, DOUGLAS
STREET ADDRESS 11 HEATHER TRACE DR.
CITY-ST-ZIP BOYNTON BEACH, FL 33436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CR2E034 (10/03) BOYNTON BEACH, FL 33436

Douglas Borges

4/6/05

954-979-7000 x2003