


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90051 011 \*\*\*150.00

<b>DOCUMENT # P05000061102</b> 1. Entity Name JACK BOYD PROFESSIONAL PAINTING, INC.	
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Principal Place of Business 2201 PANHANDLE TRAIL APT. F NAVARRE, FL 32566	Mailing Address 2201 PANHANDLE TRAIL APT. F NAVARRE, FL 32566
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**DO NOT WRITE IN THIS SPACE**

40103410



05012007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2833243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MCCAIN, CARMEN  
2052 BAY LOOP LANE  
NAVARRE, FL 32566

**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  
After May 1, 2007 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	PD BOYD, JACK W 2201 PANHANDLE TRAIL APT. F NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD MCCAIN, JOHN W 2052 BAY LOOP LANE NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jackie W Boyd 5-1-07 850/217-7645  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #