


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90041 003 \*\*\*150.00

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|---|--|---|---|---|---|--|
| <b>DOCUMENT # P05000061997</b>  |  |   |   |  |   |  |
| <b>1. Entity Name</b><br>BOYLE VENTURES, INC.   |  |   |   |   |   |  |
| <b>Principal Place of Business</b><br>1760 EAST AVENUE N STE C<br>SARASOTA, FL 34234  |  |   | <b>Mailing Address</b><br>1760 EAST AVENUE N STE C<br>SARASOTA, FL 34234  |   |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>2006 72ND DRIVE E.   |  | <b>3. Mailing Address</b><br>2006 72ND DRIVE E.   |   |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |   |  |
| <b>City &amp; State</b><br>SARASOTA, FL   |  | <b>City &amp; State</b><br>SARASOTA, FL   |   | <b>4. FEI Number</b><br>20-2812717  |   |  |
| <b>Zip</b><br>34243   |  | <b>Country</b><br>USA   |   | <b>Applied For</b><br>Not Applicable  |   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>   |   |   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BOYLE, JANET A<br>464 E. ROYAL FLAMINGO DR.<br>SARASOTA, FL 34236   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |   |   |  |
| <b>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.</b>  |  |   |   |   |   |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |   |  |
| <b>TITLE</b><br>PD  | <b>NAME</b><br>BOYLE, TIMOTHY A              |   | <input type="checkbox"/> Delete   | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>5144 SANDY SHORE AVE   | <b>CITY - ST - ZIP</b><br>SARASOTA, FL 34242 |   |   | <b>NAME</b>   | <b>STREET ADDRESS</b>   |  |
| <b>TITLE</b><br>VPSD  | <b>NAME</b><br>BOYLE, CLIFFORD A             |   | <input type="checkbox"/> Delete   | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>5051 HOULE PL  | <b>CITY - ST - ZIP</b><br>SARASOTA, FL 34232 |   |   | <b>NAME</b>   | <b>STREET ADDRESS</b>   |  |
| <b>TITLE</b><br>TD  | <b>NAME</b><br>BOYLE, BRIAN F                |   | <input type="checkbox"/> Delete   | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b><br>464 E. ROYAL FLAMINGO DR.  | <b>CITY - ST - ZIP</b><br>SARASOTA, FL 34236 |   |   | <b>NAME</b>   | <b>STREET ADDRESS</b>   |  |
| <b>TITLE</b>  | <input type="checkbox"/> Delete              |   |   | <b>TITLE</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>NAME</b>   | <input type="checkbox"/> Delete              |   |   | <b>NAME</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>STREET ADDRESS</b>   | <input type="checkbox"/> Delete              |   |   | <b>STREET ADDRESS</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Delete              |   |   | <b>CITY - ST - ZIP</b>  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>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.</b> |  |   |   |   |   |  |
| <b>SIGNATURE:</b> <u>Brian F. Boyle</u> <b>BRIAN F. BOYLE</b> 1/24/08 (941) 727-3311  |  |   |   |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |   |   |   |   |  |