

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000075304

Entity Name: S.L. BOYD ENTERPRISES, INC.

**FILED**  
**Mar 04, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

512 OGLESBY RD.  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

700 OGLESBY RD.  
DEFUNIAK SPRINGS, FL 32435

**Current Mailing Address:**

P. O. BOX 703  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

700 OGLESBY RD.  
DEFUNIAK SPRINGS, FL 32435

FEI Number: 20-0624388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GREEN, WILLIAM H  
664 BALDWIN AVE.  
DEFUNIAK SPRINGS, FL 32435 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BOYD, STEVEN L  
Address: 700 OGLESBY ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D  
Name: BOYD, CELESTINE M  
Address: 700 OGLESBY ROAD  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CELESTINE M. BOYD

D

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date