2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# P92000001166

Entity Name: THE BOYD PLUMBING COMPANY, INC.

Current Principal Place of Business:

2464 HIGHWAY 29 SOUTH
CANTONMENT, FL 32533

New Principal Place of Business:

Current Mailing Address:

2464 HIGHWAY 29 SOUTH
CANTONMENT, FL 32533

New Mailing Address:

FEI Number: 59-3150719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PRES	( ) Delete
Name:	BOYD, DONALD C PRESIDE	
Address:	1025 E. GADSDEN ST.	
City-St-Zip:	PENSACOLA, FL 32501	
Title:	V.P.	(X) Delete
Name:	BOYD, JAMES W V.P.	
Address:	3000 MASON RD	
City-St-Zip:	WALNUT HILL, FL 32568	
Title:	V.P.	( ) Delete
Name:	PATTERSON, JOHN R V.P.	
Address:	1700 CHIPPENDALE RD	
City-St-Zip:	CANTONMENT, FL 32533	
Title:	TRES	( ) Delete
Name:	BOYD, ELLEN L TREASUR	
Address:	3000 MASON RD	
City-St-Zip:	WALNUT HILL, FL 32568	
Title:	S	( ) Delete
Name:	PATTERSON, CHRISTY E SECRETA	
Address:	1700 CHIPPENDALE RD.	
City-St-Zip:	CANTONMENT, FL 32533	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ELLEN L. BOYD TRES 04/18/2005

Electronic Signature of Signing Officer or Director — Date