

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT.**

**FILED**  
**Feb 08, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000001166**

1. Entity Name  
**THE BOYD PLUMBING COMPANY, INC.**



Principal Place of Business

**2464 HIGHWAY 29 SOUTH  
CANTONMENT, FL 32533**

Mailing Address

**2464 HIGHWAY 29 SOUTH  
CANTONMENT, FL 32533**

**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3150719**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**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 *J. T. Patterson*  
Signature, typed or printed name of registered agent and title if applicable.

*J. Patterson*  
(If Not Registered Agent signature required when reappointing)

2-4-08  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PRES
NAME	BOYD, DONALD C PRESIDE
STREET ADDRESS	1025 E. GADSDEN ST.
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	V.P.
NAME	PATTERSON, JOHN R V.P.
STREET ADDRESS	1700 CHIPPENDALE RD
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	TRES
NAME	BOYD, ELLEN L TREASUR
STREET ADDRESS	3000 MASON RD
CITY-ST-ZIP	WALNUT HILL, FL 32568
TITLE	S
NAME	PATTERSON, CHRISTY E SECRETA
STREET ADDRESS	1700 CHIPPENDALE RD.
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000820322  
02/18/08-80024-004 150.00

**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:**

*Ellen L. Boyd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08 850-968-0711  
Date Daytime Phone #