


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90187 039 ***150.00

DOCUMENT # P93000000947					
1. Entity Name BOYDSTUN, DABROSKI & LYLE, P.A.					
Principal Place of Business 2600 9TH STREET NORTH ST. PETERSBURG, FL 33704 US			Mailing Address P.O. DRAWER 76387- ST. PETERSBURG, FL-33734 US		
2. Principal Place of Business		3. Mailing Address POB 387			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		St. Petersburg Fla			
Zip	Country	Zip	Country	33713 FLA. USA	
4. FEI Number 59-3158827				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYDSTUN, C. BRYANT JR. 2639 NINTH STREET, N ST. PETERSBURG, FL 33704			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1100 2nd Ave So. Ste 701 City St. Petersburg FL Zip Code 33701		
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 <u>C. Bryant Boydston</u> <u>C. Bryant Boydston, Jr. 4/26/06</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYDSTUN, C. BRYANT J		NAME		
STREET ADDRESS	2639 NINTH STREET, N		STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG, FL		CITY - ST - ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DABROSKI, DENNIS E.		NAME		
STREET ADDRESS	2639 NINTH STREET N		STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG, FL		CITY - ST - ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYLE, CARL B. I		NAME		
STREET ADDRESS	2639 NINTH STREET, N		STREET ADDRESS		
CITY - ST - ZIP	ST. PETERSBURG, FL		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>C. Bryant Boydston</u> <u>C. Bryant Boydston, Jr. 4/26/06 (27) 822-2033</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					