

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000005725

1. Entity Name
BOYES & FARINA, P.A.



Principal Place of Business
1601 FORUM PLACE
WEST PALM BEACH, FL 33401

Mailing Address
1601 FORUM PLACE
WEST PALM BEACH, FL 33401



02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0461309

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOYES, WILLIAM E
1601 FORUM PLACE, SUITE 900
WEST PALM BEACH, FL 33401

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BOYES, WILLIAM E
STREET ADDRESS 1601 FORUM PLACE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VSD
NAME FARINA, JOHN E
STREET ADDRESS 1601 FORUM PLACE
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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02/26/05-80010-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Farina P.A. 2-22-05 (561) 697-9393

Date

Daytime Phone #