



2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P95000063474 1. Entity Name BEN BOYNTON REALTY, INC.	
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FILED
07 APR 27 AM 9: 33
DEPARTMENT OF STATE


Principal Place of Business 267 JOHN KNOX ROAD SUITE 112 TALLAHASSEE FL 32303	Mailing Address 267 JOHN KNOX ROAD SUITE 112 TALLAHASSEE FL 32303
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State
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4. FEI Number 59-3331395	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYNTON, BEN 267 JOHN KNOX ROAD SUITE 112 TALLAHASSEE FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL	Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	PSTD BOYNTON, BEN <input type="checkbox"/> Delete	STREET ADDRESS	267 JOHN KNOX RD., STE. 112	CITY-ST-ZIP	TALLAHASSEE FL 32303
TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<i>for 4/30</i>	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete	STREET ADDRESS		CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		CITY-ST-ZIP	

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 05/03/07--01011--017 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an other like empowered.

SIGNATURE: *Ben H. Boynton* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #