2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000068338

1. Entity Name BOYD RETAIL CORP.



FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90239 003 ***150.00

Principal Place of Business

Mailing Address

7586 WEST SAND LAKE RD ORLANDO, FL 32819 US 7586 WEST SAND LAKE RD ORLANDO, FL 32819 US



04042008

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CR2E034 (11/05) Applied For 4. FEI Number 59-3343233 Not Applicable

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

BOYD, SCOTT T 7586 W. SAND LAKE RD ORLANDO, FL 32819

> indicated on this report or supplemental report is true of the corporation or the receiver or trustee enachanged, or on an attachment with an address with

> > SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

				IN THIS STACE		
8. The above the obligat	named entity submits this statement for the pions of registered agent.	purpose of changing its register	red office or reg	gistered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	d conticoble	Ai	equired when reinstating)	DATE	
	Signature, typed or printed frame or registered agent and the	i applicable. (NOTE: Negistere	eo Agent signature re	equired when reinstating;	UATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	CTORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, SCOTT T 7586 W. SAND LAKE ROAD ORLANDO, FL 32819			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			.;			
TITLE NAME STREET ADDRESS CHY-ST-ZIP			:			
THTLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby indicated of the co	certify that the information supplied with this fi on this report or supplemental report is true poration or the receiver or trustee empressions.	line does not qualify for the ex and accurate and hat my signal topy sents his report as fequ	kemptions cont ature shall have uired by Chapte	ained in Chapter 119 the same legal effec er 607, Florida Statute	D. Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	

DEFICER OR DIRECTOR