


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90090 043 ***150.00

DOCUMENT # P95000096431 1. Entity Name D.C. BOARDMAN INC.					
Principal Place of Business 5634 S.R. 80 W ALVA FL 33920 US			Mailing Address 5634 S.R. 80 W. ALVA FL 33920 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			4. FEI Number 65-0633478		
BOARDMAN, BRIAN C 5634 S.R. 80 W. ALVA FL 33920			Applied For <input type="checkbox"/> Not Applicable		
7. Name and Address of New Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Name Street Address (P.O. Box Number is Not Acceptable) City			FL Zip Code		
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, 2004 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		
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	BOARDMAN, BRIAN C		NAME		
STREET ADDRESS	5634 S.R. 80 W.		STREET ADDRESS		
CITY-ST-ZIP	ALVA FL 33920		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOARDMAN, PAULINE M.		NAME		
STREET ADDRESS	5634 S.R. 80 W.		STREET ADDRESS		
CITY-ST-ZIP	ALVA FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOARDMAN, DIANN L.		NAME		
STREET ADDRESS	5634 S.R. 80 W.		STREET ADDRESS		
CITY-ST-ZIP	ALVA FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOARDMAN, BRIAN C.		NAME		
STREET ADDRESS	5634 S.R. 80 W.		STREET ADDRESS		
CITY-ST-ZIP	ALVA FL		CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOARDMAN, DAMON C		NAME		
STREET ADDRESS	5634 S.R. 80 W		STREET ADDRESS		
CITY-ST-ZIP	ALVA FL 33920		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 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 <i>Brian C. Boardman</i> Brian C. Boardman			1-28-04 863-675-1100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		