

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000040688



Principal Place of Business

Mailing Address

5522 SWEETWATER OAK DR
SARASOTA, FL 34232

DO NOT WRITE IN THIS SPACE

01142005 No Chg-P CR2E034 (10/93)

4. FEI Number 65-0663438	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYCE, DAVID A
5522 SWEETWATER OAK DR
SARASOTA, FL 34232

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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 reinstating)

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	PT
NAME	BOYCE II, DAVID A
STREET ADDRESS	5522 SWEETWATER OAK DR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VPS
NAME	BOYCE, CHARITY T
STREET ADDRESS	5522 SWEETWATER OAK DR
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

W. J. Boya
SIGNATURE AND TYPED OR PRINTED NAME OF

CHARITY T. BOYCE

1/24

Daytime Phone: