



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90044 010 \*\*\*150.00

<b>DOCUMENT # P97000019347</b> 1. Entity Name <b>THE FLORIDA BOYS, INC.</b>					
Principal Place of Business <b>910 KINGSFIELD ROAD</b> <b>CANTONMENT FL 32533</b>				Mailing Address <b>1776 BRIGHTLEAF CIR</b> <b>910 KINGSFIELD ROAD</b> <b>CANTONMENT FL 32533</b>	
2. Principal Place of Business <b>1776 BRIGHTLEAF CIR.</b> Suite, Apt. #, etc.		3. Mailing Address <b>SAME</b> Suite, Apt. #, etc.			
City & State <b>CANTONMENT, FL</b> Zip <b>32533</b>		City & State <b>SAME</b> Zip <b>SAME</b>		4. FEI Number <b>59-3437357</b>	
Country <b>USA</b>		Country <b>SAME</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>ROARK, DONALD A</b> <b>201 E. GOVERNMENT ST.</b> <b>PENSACOLA FL 32501</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <u><b>LESTER G. BEASLEY, PRES.</b></u> <u><b>2/06/06</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEASLEY, LESTER G</b> <b>910 KINGSFIELD ROAD</b> <b>CANTONMENT FL 32533</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEWART, DERRELL M</b> <b>1196 NEW HAVEN DRIVE</b> <b>CANTONMENT FL 32533</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALLRED, GLENAN H</b> <b>1 MISSISSIPPI DRIVE</b> <b>PENSACOLA FL 32505</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 all other like empowered.					
SIGNATURE: <u><b>LESTER G. BEASLEY PRES.</b></u> <u><b>2/06/06</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					