2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

DOCUMENT # P97000019347			Secretary of State		
1. Entity Name			03-26-2007 90067 014 ***150.00		
THE FLORIDA BOYS, INC.			:FLORIDA 1776 BRI		
			CANTON	ME	
Principal Plac	<i>→</i>	Mailing Address	BC: 32.		
1776 BRIGHT LEAF CIR CANTONMENT, FL 32533 910 KINGSFIELD R⇒ CANTONMENT, FL 32533			halladaladadadhadladladladladladladladladladladladladla		
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DO NOT WITHE IN THIS OF A			4. FEI Number Applied For 59-3437357 Not Applied ble		
				5. Certificate	of Status Desired S8.75 Additional
	6. Name and Address of Current Regi	Istered Agent			Fee Required
ROARK D	ONALD A	-		D O	NOT WOITE
ROARK, DONALD A 201 E. GOVERNMENT ST.			DO NOT WRITE		
PENSACOLA, FL 32501 :			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 reme of registered agent and side 4 applicable (NOTE: Registerod Agent signature required when reinstaturg) DATE					
FILE NOW!! FFF 18 \$150.00 9. Election Campaign Financing \$5.00 May Be					
	E NOW!! FEE IS \$150.00 By 1, 2007 Fee will be \$550.00	Trust Fund Contribution.		ded to Fees	
10.	OFFICERS AND DIRE	ECTORS	J		L
11TLE NAME	D BEASLEY, LESTER G				
STREET ADDRESS	910 KINGSFIELD ROAD				
CITY-ST-ZIP	CANTONMENT, FL 32533				
TITLE NAME	D STEWART, DERRELL M				
SIREET ADDRESS	1196 NEW HAVEN DRIVE				
CITY-ST-ZIP	CANTONMENT, FL 32533	Į			
TITLE NAME	D ALLRED, GLENAN H				
STREET ADDRESS	1	DO NOT WRITE			
CITY-ST-ZDP	PENSACOLA, FL 32505		4		
11TLE NAME				IN .	THIS SPACE
STREET ADDRESS					
CITY-ST-ZIP			1		1
NAME					
STREET ADORESS					
TITLE		·	1		
NAME	1		Į.		
STREET ADDRESS CITY-ST-ZIP					Ţ
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 appeal directs, with all other like empowered.					
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SIGNATURE: UNION A. JUGNAULUS MILLON					