

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028775

FILED
Jan 03, 2006
Secretary of State

Entity Name: BOXES AND ARROWS, INC.

Current Principal Place of Business:

30 MEDFORD DRIVE
PALM COAST, FL 321372504

New Principal Place of Business:

Current Mailing Address:

30 MEDFORD DRIVE
PALM COAST, FL 321372504

New Mailing Address:

FEI Number: 59-2827729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOZIER, WILENE D
140 EAST BAY STREET
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SWEET, FRANK W
Address: 30 MEDFORD DR
City-St-Zip: PALM COAST, FL 321372504

Title: D () Delete
Name: SWEET, MARY L
Address: 30 MEDOFRD DR
City-St-Zip: PALM COAST, FL 321372504

Title: D () Delete
Name: SWEET, FRANK R
Address: 15857 SW TWENTIETH ST
City-St-Zip: DAVIE, FL 33326

Title: S () Delete
Name: MODE, KATHERINE M.
Address: 120 SUNRISE BLVD
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D () Delete
Name: SWEET, ROXANNA M.
Address: 5774 FIVE FLAGS BLVD #1260
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: MODE, KATHERINE M
Address: 120 SUNRISE BLVD
City-St-Zip: DAYTONA BEACH, FL 32118

Title: D (X) Change () Addition
Name: SWEET, ROXANNA M
Address: 5774 FIVE FLAGS BLVD #1260
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK W SWEET

D

01/03/2006

Electronic Signature of Signing Officer or Director

_____ Date