


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000033030</b> 1. Entity Name BOYNTON WAREHOUSING, INC.	
---	---

Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE #100 POMPANO BEACH, FL 33073	Mailing Address 6820 LYONS TECHNOLOGY CIRCLE #100 POMPANO BEACH, FL 33073
--	--

**DO NOT WRITE IN THIS SPACE**



04242008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0849801	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  
  
BUTTERS, MALCOLM  
6820 LYONS TECHNOLOGY CIRCLE #100  
POMPANO BEACH, FL 33073

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000938750 05/27/08-80103-007 150.00
---	--	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BUTTERS, MALCOLM S 6820 LYONS TECHNOLOGY CIRCLE #100 POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BUTTERS, MARK N 6820 LYONS TECHNOLOGY CIRCLE #100 POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #