2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State
03-02-2004 90018 001 ***150.00

66405983

MOORE CR2E034 (11/03)

DOCUMENT # P97000046878

1. Entity Name
DENNIS M. BOYCE, P.A.

Principal Place of Business	Mailing Address
675 WEST INDIANTOWN RD SUITE #103 JUPITER FL 33458	675 WEST INDIANTOWN RD SUITE #103 JUPITER FL 33458

2. Principal Place of Business	3. Mailing Address
480 Maplewood Dr	480 Maplewood
Suite, Apt. #, etc.: Suite 5	Suite, Apt. #, etc.: Suite 5
City & State: Jupiter	City & State: Jupiter
Zip: 33418 Country: FL	Zip: 33458 Country: FL

4. FEI Number 65-0807258 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOYCE, DENNIS M 675 W. INDIANTOWN ROAD #103 JUPITER FL 33458	Name: Dennis M. Boyce Street Address (P.O. Box Number is Not Acceptable): 480 Maplewood Dr Suite 5 City: Jupiter, FL FL Zip Code: 33458

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] [signature] 3/10/04
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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	D	☒ Change ☐ Addition
NAME	BOYCE, DENNIS M		Dennis M. Boyce	
STREET ADDRESS	~~675 W. INDIANTOWN RD~~		480 Maplewood Dr Suite 5	
CITY-ST-ZIP	~~JUPITER FL 33458~~		Jupiter, FL. 33458	
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		☐ Delete		☐ Change ☐ Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				

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: [signature] 3/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JAN ? ? 2004