2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000046878

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

Principal Place of Business	Mailing Address
480 MAPLEWOOD DR SUITE 5 JUPITER, FL 33458	480 MAPLEWOOD DR SUITE 5 JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

03072006   No Chg-P   CR2E034 (11/05)

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

BOYCE, DENNIS M
480 MAPLEWOOD DR
STE 5
JUPITER, FL 33458

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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 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, 2006 Fee will be $550.00 | 9. Election Campaign Financing
Trust Fund Contribution. ☐ | $5.00 May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	D	
NAME	BOYCE, DENNIS M	
STREET ADDRESS	480 MAPLEWOOD DR STE 5	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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03/21/06-80024-025 150.00

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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 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: _____ Dennis M. Boyce   3/7/06   561-744-1233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.   Date   Daytime Phone #