


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000087018 1. Entity Name BOYER CONSTRUCTION CO. INC.		
Principal Place of Business 4290 GOLF COURSE RD PERRY, FL 32348 US	Mailing Address PO BOX 1473 PERRY, FL 32348 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LANIER, CHARLOTTE M 3870 US HWY 19 S PERRY, FL 32347		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOYER, SAM WILLIAM PO BOX 1473 PERRY, FL 32348	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LANIER, CHARLOTTE M 114 KING FISHER RD PERRY, FL 32348	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCCALL, JANET PO BOX 1473 PERRY, FL 32348	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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: <i>Charlotte M Lanier</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>1-18-05</i> <i>850 584-9324</i> <small>Date Daytime Phone #</small>



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3471777	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

100000186795
01/21/05-80072-004 150.00

**DO NOT WRITE
IN THIS SPACE**