2007 FOR PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # P97000087018 BOYER CONSTRUCTION CO. INC.** Principal Place of Business Mailing Address 4290 GOLF COURSE RD PO BOX 1473 PERRY, FL 32348 PERRY, FL 32348

FILED Feb 27, 2007 08:00 AN Secretary of State



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DO NOT WRITE IN THIS SPACE			01252007	No Chg-P	CR2E	034 (11/05)		
			- E	4. FEI Numbe 59-347			Applied For Not Applicable	
				5. Certificate	of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current Regis	tered 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.								
SIGNATURESignature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algesture required				ulred when reinstating)	d when reinstating) DATE			
FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$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	U0000649903 03/07/07-80069-011 150.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERRY, FL 32348			DO NOT WRITE IN THIS SPACE				
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 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:

NAME STREET ADDRESS CITY-ST-ZIP

1/25/07 850 584-9324