

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000062680

Entity Name: DRAPER AND BOYD, P.A.

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

210 SW NIGHTINGALE STREET  
KEYSTONE HEIGHTS, FL 32656

## **New Principal Place of Business:**

## **Current Mailing Address:**

PO BOX 1149  
KEYSTONE HEIGHTS, FL 32656

## **New Mailing Address:**

FEI Number: 59-3519085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BOYD, JERRY J  
210 SW NIGHTINGALE STREET  
KEYSTONE HEIGHTS, FL 32656 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: D  
Name: BOYD, JERRY J III  
Address: 210 SW NIGHTINGALE STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D  
Name: BOYD, CATHERINE S  
Address: 210 SW NIGHTINGALE STREET  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JERRY J BOYD

PRES

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date