## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108234

Entity Name: JOSEPH L. BOYLE, P.A.

FILED Jan 16, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3801 W LAKE MARY BLVD 441 E. AIRPORT BLVD. SUITE 131 SANFORD, FL 32773

LAKE MARY, FL 32746

Current Mailing Address: New Mailing Address:

3801 W LAKE MARY BLVD
SUITE 131
LAKE MARY, FL 32746

441 E. AIRPORT BLVD.
SANFORD, FL 32773

FEI Number: 59-3577368 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOYLE, JOSEPH BOYLE, JOSEPH L DR.
614 ALDER GROVE DRIVE 614 ALDER GROVE DRIVE
DELTONA, FL 32725 US DELTONA, FL 32725 US

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: DR. JOSEPH BOYLE 01/16/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V () Delete Title: P (X) Change () Addition

 Name:
 BOYLE, JOSEPH L DR.

 Address:
 614 ALDERGROVE DR.

 City-St-Zip:
 DELTONA, FL 32725

 DELTONA, FL 32725
 DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DR. JOSEPH BOYLE DR. 01/16/2005