


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90267 043 ***150.00

DOCUMENT # P99000012154	
1. Entity Name BOYD EARTHWORK, INC.	

Principal Place of Business 11539 BLACKWATER PL. BRYCEVILLE, FL 32009	Mailing Address 11539 BLACKWATER PL. BRYCEVILLE, FL 32009
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2. Principal Place of Business 13708 Champion Dr Suite, Apt. #, etc.	3. Mailing Address 13708 Champion Dr Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3555732	Applied For Not Applicable
Zip	Country	Zip	Country



03022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BOYD, BAILEY C 11539 BLACKWATER PL. BRYCEVILLE, FL 32009	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	13708 Champion Drive
City	Bryceville FL Zip Code 32009

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS BOYD, DORIS E 11539 BLACKWATER PLACE. BRYCEVILLE, FL 32009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13708 Champion Dr
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT BOYD, BAILEY C 11539 BLACKWATER PLACE. BRYCEVILLE, FL 32009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13708 Champion Dr.
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Doris E. Boyd Doris E. Boyd V. Pres. 3-10-04 (904)879-6751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #