

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000101633

1. Entity Name
BOY, MILLER, KISKER & PERRY, P.A.



Principal Place of Business
**401 S. W.C. OWEN AVE.
CLEWISTON, FL 33440**

Mailing Address
**401 S. W.C. OWEN AVE.
CLEWISTON, FL 33440**



01292007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0966409

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOY, JOHN B JR
401 S. W.C. OWEN AVE.
CLEWISTON, FL 33440**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BOY, JOHN B JR 401 S. W.C. OWEN AVE. CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, DAVID N P.O. BOX 1149 LABELLE, FL 33975
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KISKER, WILLIAM C JR P.O. BOX 1825 LABELLE, FL 33975
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/07-80039-005 150.00

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IN THIS SPACE**

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: *David N. Miller* **David N. Miller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/07 **863-983-5144**
Date Daytime Phone #