


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 393388
 1. Entity Name
 F.A. BOYD AND SONS, INC.



FILED
Feb 11, 2008 08:00 AM
Secretary of State

Principal Place of Business
 806 QUITMAN HWY NORTH
 GREENVILLE, FL 32331

Mailing Address
 806 QUITMAN HWY NORTH
 GREENVILLE, FL 32331



01142008 No Chg-P CR2E034 (11/05)

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4. FEI Number
 59-1372278

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 BRYANT, FREDERICK M
 447 SHAWTILLY CT.
 TALLAHASSEE, FL 32312

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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 re/instating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, GEORGE W
STREET ADDRESS	240 WEST WASHINGTON ST
CITY-ST-ZIP	MONTICELLO, FL
TITLE	T
NAME	BOYD, STEPHANIE
STREET ADDRESS	4867 ASHVILLE HWY
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	D
NAME	JOHN M. FINLAYSON
STREET ADDRESS	25 FINCREST CIR.
CITY-ST-ZIP	GREENVILLE, FL 32331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000824215
 02/20/08-80068-020 150.00

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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: Stephanie Boyd Officer (850) 997-6222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #