2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P05000153398



FILED Apr 07, 2006 8:00 am Secretary of State

1. Entity Nam BORAD N		MENT, INC.					04-07-2006 9	0024 033	***150.0)0
Principal Place of Business 11311 SW 95TH CIRCLE OCALA, FL 34481 Mailing Address 11311 SW 95TH CIRCLE OCALA, FL 34481 OCALA, FL 34481							·	4 1 17 2 2 1 4 1 4 2 1 1 11	28 ININ 12121 /BI	11 22 1 11 22 1
2. Principal P	lace of Busin	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03272006	Chg-P	CR2E03	34 (11/05)	
City & State			City & State			4. FEI Numb	er - 407367	12		oplied For at Applicable
Zip	Country Zip		Zip	Country		5. Certificate	of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	tegistered A	gent	
SASSO, LILLIAN 11311 SW 95TH CIRCLE OCALA, FL 34481					Street Address (P.O. Box Number is Not Acceptable)					
					City			FL	Zip Code	е
	named entitions of regis		or the purpose of changing its	Led office or register	red agent, or bo	th, in the State of Flo	orida. I am fa	 amiliar with,	and accept	
SIGNATURE										
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.						.00 May Be led to Fees				
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP]	ARTHUR V 95TH CIRCLE FL 34481	☐ Delete		i i				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i i				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Detete						☐ Change	Addition
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 attackment with an address, with all other like empowered.										

Carole

SIGNATURE: