2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2007 08:00 AM DOCUMENT # 580573 **Secretary of State** 1. Entity Name BORGON CONSTRUCTION, INC. Principal Place of Business Mailing Address 6517 CAY CIRCLE 6517 CAY CIRCLE ORLANDO, FL 32809 ORLANDO, FL 32809 No Chg-P CR2E034 (11/05) 01042007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1864858 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BORGON, FRANK A. DO NOT WRITE 6517 CAY CIRCLE LB IN THIS SPACE ORLANDO, FL 32809 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 9. Election Campaign Financing U00000580762 FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 01/10/07-80059-023 150.00 10. OFFICERS AND DIRECTORS VSD TITLE BORGON, FRANK A NAME 6517 CAY CIRCLE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32809, TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED THE OF SIGNING OFFICER OR DIRECTOR

RJAN 07

Un7.855-3898

Daytime Phone #

FILED