2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 582474

1. Entity Name
BORROUGHS MANUFACTURING CORPORATION

Principal Place of Business
1402 SE 46TH LANE
CAPE CORAL, FL 33904

Mailing Address
1402 SE 46TH LANE
CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

01222006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1843285

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SERAVELLO, DOLORES
206 S.E. 44TH TERRACE
CAPE CORAL, FL LP, FL 33904

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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 _____
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, 2006 Fee will be $550.00

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

000000427673
02/21/06 80017-020 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SERAVELLO, DOLORES
STREET ADDRESS	206 S E 44TH TERR
CITY-ST-ZIP	CAPE CORAL, FL 00000,
TITLE	VD
NAME	SERAVELLO, RALPH
STREET ADDRESS	627 SE 32ND ST
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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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: Dolores Seravello, Pres. 2/7/06 239-542-3679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #