

ANNUAL REPORT**DOCUMENT # F19879**1. Entity Name
BILL BORDEN INSURANCE AGENCY, INC.Principal Place of Business
**1377 SHEFFIELD WAY
FORT MYERS, FL 33919**Mailing Address
**1377 SHEFFIELD WAY
FORT MYERS, FL 33919 US****FILED**
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90048 022 ***150.00



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2066629 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE****6. Name and Address of Current Registered Agent****BORDEN, WILLIAM W
1377 SHEFFIELD WAY
FORT MYERS, FL 33919****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 WILLIAM W. BORDEN

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

(NOTE: Registered Agent signature required when registering)

DATE

3-10-06**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****10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD BORDEN
BORDEN, WILLIAM W
1377 SHEFFIELD WAY
FT MYERS, FL**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIPTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**DO NOT WRITE
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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

3-10-06**CHECK ATTACHED
\$150.00**