


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 20, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # H17976 1. Entity Name BORU, INC. |  |
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| Principal Place of Business 1111 N. CONGRESS AVENUE W. PALM BEACH, FL 33409 | Mailing Address 1111 N. CONGRESS AVENUE W. PALM BEACH, FL 33409 |
|---|---|



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|---|--------------------------------|
| 4. FEI Number 59-1318711 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent LAUGHLIN, ARTHUR J. PALM BEACH KENNEL CLUB 1111 NO. CONGRESS AVENUE W PALM BEACH, FL |
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 ROONEY, TIMOTHY J. 160 WELL RD PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ROONEY, PATRICK J. 1111 NORTH CONGRESS AVENUE WEST PALM BEACH, FL 33409 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD ROONEY, JOHN J. 2929 MARYS WAY WEST PALM BEACH, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROONEY, DANIEL M. 940 NORTH LINCOLN PITTSBURGH, PA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROONEY, ARTHUR J., JR. 1190 WASHINGTON RD PITTSBURGH, PA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

100000442412
03/04/06-80018-007 150.00

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/06

Date

561-683-2227
Daytime Phone #