

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # K57031**  
 1. Entity Name  
 H.F. BORDERS, CO.



Principal Place of Business C/O HARRY F. BORDERS 1610 SOUTHERN BLVD WEST PALM BEACH, FL 33406	Mailing Address C/O HARRY F. BORDERS 1610 SOUTHERN BLVD WEST PALM BEACH, FL 33406
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**DO NOT WRITE IN THIS SPACE**



07022008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0089509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 BORDERS, HARRY F.  
 1610 SOUTHERN BOULEVARD  
 WEST PALM BEACH, FL 33406

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable

000000953610  
 07/07/08-80005-016 150.00  
 DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDERS, HARRY F. 1610 SOUTHERN BLVD WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORDERS, ROSALIND 1610 SOUTHERN BLVD WEST PALM BEACH, FL 33406
TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Day/Time Phone # \_\_\_\_\_