

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M15207</b>	
1. Entity Name LOUIS S. BOREK ENTERPRISES, INC.	



Principal Place of Business 501 WEXFORD DRIVE NICEVILLE, FL 32578	Mailing Address 501 WEXFORD DRIVE NICEVILLE, FL 32578
---	---

**DO NOT WRITE IN THIS SPACE**

\* C - 1 . , 3 6 6 6 6 6 6 F &

03012005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2542899	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  BOREK, LOUIS S. 501 WEXFORD DRIVE NICEVILLE, FL 32578
--

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	---	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOREK, LOUIS S. 501 WEXFORD DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BOREK, WILLIAM 501 WEXFORD DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOREK, FRANCY 501 WEXFORD DRIVE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000317047  
04/20/05-80003-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: <u>Louis S. Borek</u>	04-18-05 (850) 678-3694
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>