
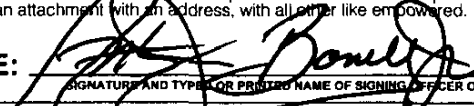


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90054 032 ****70.00

DOCUMENT # N98000000058					
1. Entity Name BORRELL FAMILY FOUNDATION, INC.					
Principal Place of Business 3536 N NEBRASKA AVE TAMPA, FL 33603-5011 US			Mailing Address P.O. BOX 173119 TAMPA, FL 33672-0119 US		
2. Principal Place of Business - No P.O. Box # 3414 Bay To Bay Blvd.		3. Mailing Address P.O. Box 172119			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-3489233	
Zip 33629		Country USA		Applied For Not Applicable	
Zip 33672		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BORRELL, ANTHONY J JR 3536 N NEBRASKA AVE TAMPA, FL 33603-5011			Name Street Address (P.O. Box Number is Not Acceptable) 3414 Bay To Bay Blvd. #200		
City Tampa			City Tampa		
State FL			State FL		
Zip Code 33629			Zip Code 33629		
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. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDAS BORRELL, ANTHONY J JR <input type="checkbox"/> Delete 4967 BAYSHORE BOULEVARD TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 172119 Tampa, FL 33672	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVAS BORRELL, A J III <input type="checkbox"/> Delete 4967 BAYSHORE BOULEVARD TAMPA, FL 33611		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 172119 Tampa, FL 33672	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BORRELL, ZENAIDA G <input type="checkbox"/> Delete 3536 N NEBRASKA AVE TAMPA, FL 33603-5011		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 172119 Tampa, FL 33672	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete BORRELL, WILLIAM J 3536 N NEBRASKA AVE TAMPA, FL 33603		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DELETE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 617, 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:  President 3-19-07 813-835-6788					
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					