

FILED

Apr 26, 2004 08:00 AM
Secretary of State2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P0000075395			
1. Entity Name BORAWSKI INSURANCE SERVICES, INC.			
Principal Place of Business 4701 HWY 17 SUITE 101 ORANGE PARK, FL 32003		Mailing Address 2623 LOOPRIDGE DR. ORANGE PARK, FL 32065	
DO NOT WRITE IN THIS SPACE		04222004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3664177	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORAWSKI, STANLEY R 2623 LOOPRIDGE DR. ORANGE PARK, FL 32065		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 _____ Signature, typed or printed name of registered agent and M&B if applicable (NOTE: Registered Agent signature required when re-electing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PTD BORAWSKI, STANLEY R 2623 LOOPRIDGE DR. ORANGE PARK, FL 32065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BORAWSKI, SANDRA 2623 LOOPRIDGE DR. ORANGE PARK, FL 32065		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u>Stanley R. Borawski</u>		4/22/04 (909) 269-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	

STANLEY R. BORAWSKI
PRESIDENT/TREASURER