


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 29, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000075395</b>	
1. Entity Name <b>BORAWSKI INSURANCE SERVICES, INC.</b>	
	
Principal Place of Business <b>4701 HWY 17 SUITE 101 ORANGE PARK, FL 32003</b>	Mailing Address <b>2623 LOOPRIDGE DR. ORANGE PARK, FL 32065</b>



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3664177</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

**BORAWSKI, STANLEY R  
2623 LOOPRIDGE DR.  
ORANGE PARK, FL 32065**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000843550

03/11/08-00074-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	BORAWSKI, STANLEY R
STREET ADDRESS	2623 LOOPRIDGE DR.
CITY-ST-ZIP	ORANGE PARK, FL 32065

TITLE	VSD
NAME	BORAWSKI, SANDRA
STREET ADDRESS	2623 LOOPRIDGE DR.
CITY-ST-ZIP	ORANGE PARK, FL 32065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

**Stanley R Borawski**

**President 2/28/08**

Date

Daytime Phone #

**904-269-2200**