2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

May 03, 2005 08:00 AM DOCUMENT # P00000111053 **Secretary of State** 1. Entity Name BORMETT COURT REPORTING, INC. Principal Place of Business Mailing Address C/O PATRICIA LEE BORMETT 2450 COMPASS POINTE DR. VERO BEACH FL 32966 C/O PATRICIA LEE BORMETT 2450 COMPASS POINTE DR. VERO BEACH FL 32966 ngianggarawan addira Palanggarawin addadiran ng mga mga mga mga 2. Principal Place of Business " 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1061864 Not Applicable Zíp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BORMETT, PATRICIA LEE Street Address (P.O. Box Number is Not Acceptable) 2450 COMPASS POINTE DRIVE VERO BEACH FL 32966 City Zip Code 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, typed or privide name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition BORMETT, PATRICIA LEE NAME NAME 2450 COMPASS POINTE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32966 CITY-ST-ZIP TITLE Delete DITE ☐ Change ☐ Addition U00000359814 NAME MAME 05/05/05-80008-003 150.00 STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST ZIP TITLE L. J. Delete MILE ☐ Addition Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete JULIE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i). 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 changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #