

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90091 025 ***150.00

DOCUMENT # P01000002713	
1. Entity Name BORUTA SERVICES INC.	



Principal Place of Business 5642 TOWNHOUSE DR. NEW PORT RICHEY, FL 34652	Mailing Address 5642 TOWNHOUSE DR. NEW PORT RICHEY, FL 34652
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2. Principal Place of Business 6808 CROSSBOW LN	3. Mailing Address →
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State NEW PORT RICHEY, FL	City & State
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Zip 34653	Country	Zip	Country
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40031602



02282006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent	
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GACZOL, JADWIGA 5642 TOWNHOUSE DR. NEW PORT RICHEY, FL 34652

7. Name and Address of New Registered Agent	
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Name JADWIGA GACZOL
Street Address (P.O. Box Number is Not Acceptable) 6808 CROSSBOW LN.
City NEW PORT RICHEY FL
Zip Code 34653

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 <i>Jadwiga Gaczol</i>	REG. AGENT	DATE 2/28/06
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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TITLE D	<input type="checkbox"/> Delete
NAME GACZOL, JADWIGA A	
STREET ADDRESS 5642 TOWNHOUSE DR.	
CITY-ST-ZIP NEW PORT RICHEY, FL 34652	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 6808 CROSSBOW LN	
CITY-ST-ZIP NEW PORT RICHEY, FL 34653	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Jadwiga Gaczol</i>	JADWIGA GACZOL	DATE: 2/28/06	PHONE: 727-841-9941
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