


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State


05-08-2006 90290 045 ***150.00

DOCUMENT # P02000037415	
1. Entity Name BORUTH LAND, INC.	

Principal Place of Business 17912 E COLONIAL DR ORLANDO, FL 32820	Mailing Address 17912 E COLONIAL DR 2535 ARDON AVE. ORLANDO, FL 32820 32833
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DO NOT WRITE IN THIS SPACE

40007000



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3673326	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HARRISON, CHARLES R
1413 TROVILLION AVENUE
WINTER PARK, FL 32789**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAPP, GRIMMER W 2535 ARDON AVENUE ORLANDO, FL 328333818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAPP, MARY R 2535 ARDON AVENUE ORLANDO, FL 328333818
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**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 another like empowered.

SIGNATURE: *W. Grimmer Mapp* **GRIMMER W. MAPP** 26 May 06 **407508 2883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #