


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

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

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



03072008 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, 2008 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	D
NAME	MAPP, GRIMMER W
STREET ADDRESS	2535 ARDON AVENUE
CITY-ST-ZIP	ORLANDO, FL 328333818
TITLE	D
NAME	MAPP, MARY R
STREET ADDRESS	2535 ARDON AVENUE
CITY-ST-ZIP	ORLANDO, FL 328333818
TITLE	S
NAME	MAPP, WESLEY S
STREET ADDRESS	2535 ARDON AVE
CITY-ST-ZIP	ORLANDO, FL 328333818
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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05/15/08-80039-008 150.00

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: *Wesley S. Mapp* **GRIMMER W. MAPP, JR.** 14 Apr 08 407 568-2883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #