

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2006 8:00 am
Secretary of State

07-18-2006 90084 029 ***158.75

DOCUMENT # P02000043475

1. Entity Name
BORNMICK INC.



Principal Place of Business
**27584 RIVERBANK DR.
BONITA SPRINGS, FL 34134**

Mailing Address
**3544 GORDON RD.
ELKHART, IN 46516**

DO NOT WRITE IN THIS SPACE



07122006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0422046

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MICK, JEFFREY D
27584 RIVERBANK DR.
BONITA SPRINGS, FL 34134**

**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

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BORNEMAN, DAVID C
STREET ADDRESS	3544 GORDON ROAD
CITY-ST-ZIP	ELKHART, IN 46516
TITLE	V
NAME	MICK, DOUGLAS M
STREET ADDRESS	1220 E. JACKSON BLVD.
CITY-ST-ZIP	ELKHART, IN 46516
TITLE	ST
NAME	MICK, JEFFREY D
STREET ADDRESS	27584 RIVERBANK DR.
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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.

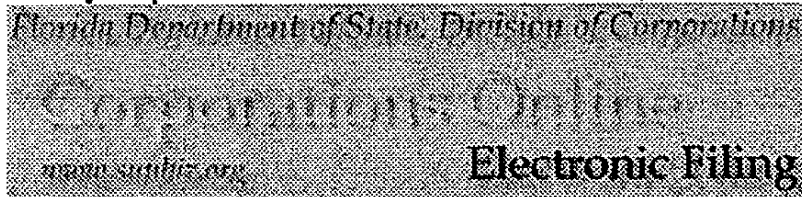
SIGNATURE:

David C Borneman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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Sunbiz E-file Account Application

Account Name: BORNWICK INC

E-mail Address: BORNDAV@peoplepc.com

Mailing Address: 3544 Gordon Rd

City: ELKHART State: IN Zip: 46516

Phone: (574) 293-4003 Fax: () -

Contact Person: DAVID BARNEMAN

Signature: DA Barneman

Password: 101742
(minimum length - 4 characters, maximum 12 characters)

*** An account number will be E-mailed to you as soon as the application is processed ***

Mailing Address

Division of Corporations
Public Access Accounts
P.O. Box 6327
Tallahassee, FL 32314

Courier Address

Division of Corporations
Public Access Accounts
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Sunbiz Home Page