

FROM : DAVID C HASTINGS, CPA, PA


FAX NO. : 7273220520

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/7/2004

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-07-2004 90005 007 ***150.00

DOCUMENT # P02000094306 1. Entity Name BORDACHE COMPANIES, INC.	
---	---

Principal Place of Business 2207 64TH ST S GULFPORT, FL 33707	Mailing Address 2207 54TH ST S GULFPORT, FL 33707
---	---

DO NOT WRITE IN THIS SPACE

03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0561825	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HASTINGS, DAVID C
2207 54TH ST S
GULFPORT, FL 33707**

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 _____ DATE _____
Signature, name of submitter, name of registered agent and title if applicable. (NOTE: Registered agent signature required when releasing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	--	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD BOWSER, ELIZABETH 2207 54TH ST S GULFPORT, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/23/04**
SIGNATURE AND TITLE OR PRINTED NAME OF SUBMITTER OR DIRECTOR Date Daytime Phone #