2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094464

Entity Name: S & J BORING, INC.

FILED Feb 14, 2007 Secretary of State

Surrant Dri	incinal Blace	of Business	New Principal Blo	as of Business.
Surrent Pri	incipai Piace	e of Business:	New Principal Pla	ice of Business:
042 N HW		20474	4601 E. HIGHWAY	100
ORMOND BEACH, FL 32174		UNIT D-7 BUNNELL, FL 321	10	
			,	
Current Ma	ailing Addres	ss:	New Mailing Addr	ress:
1042 N HWY 1 ORMOND BEACH, FL 32174		4601 E. HIGHWAY	100	
		UNIT D-7		
			BUNNELL, FL 321	10
El Number: (02-0640341	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and A	Address of (Current Registered Agent:	Name and Addres	s of New Registered Agent:
FLOSITZ, JO 554 WOOD	ON GROVE ST			
	BEACH, FL 3			
	BEACH, FL 3		purpose of changing its registe	ered office or registered agent, or botl
⁻he above r	BEACH, FL 3		purpose of changing its registe	ered office or registered agent, or botl
The above r	BEACH, FL 3 named entity of Florida. E:			ered office or registered agent, or botl Date
The above renamed the State	named entity of Florida. E:Electron	submits this statement for the		
The above renthe State BIGNATURE Election Camp	named entity of Florida. E:Electron	submits this statement for the nic Signature of Registered Ag	ent	
The above renthe State SIGNATURE SIEction Came	named entity of Florida. E:Electrol paign Financin	submits this statement for the nic Signature of Registered Ag	ent	Date
The above renthe State SIGNATURE SIEction Camp DFFICERS Title:	named entity of Florida. E:Electrol paign Financin	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ().	ent ADDITIONS/CHAN	Date NGES TO OFFICERS AND DIRECTO
The above renthe State SIGNATURE SIECTION CAME DFFICERS Title: Itame: Itaddress:	BEACH, FL 3 named entity of Florida. E: Electror paign Financin AND DIREC V (FLOSITZ, JON 554 WOODGR	submits this statement for the nic Signature of Registered Ag g Trust Fund Contribution (). CTORS:) Delete	ent ADDITIONS/CHAN Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO
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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON FLOSITZ V 02/14/2007