2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000066486

Entity Name

RICHARD A. BORES INVESTMENT ADVISORS, INC.



04-26-2005 90136 007 ***150.00

Apr 26, 2005 8:00 am Secretary of State

FILED

Principal Place of Business

7061 S TAMIAMI TR UNIT 109 SARASOTA, FL 34231 Mailing Address

7061 S TAMIAMI TR UNIT 109 SARASOTA, FL 34231



04212005

No Chg-P

CR2E034 (10/03)

4. FEI Number 42-1598577 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BORESQRICHARD, A 7061 S TAMIAMI TR UNIT 109 SARASOTA, FL 34231

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the p ions of registered agent. | urpose of changing its registered | office or registered agent, or both | n, in the State of Floride. I am familiar with, and accept |
|--|--|---|---|--|
| - | Signature, typed or printiplificame of registered agent and title of | f applicable. (NGTE: Registered A | gent signature required when reinstating) | DATE |
| FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | |
| 10. | OFFICERS AND DIREC | CTORS | | + |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BORES, RICHAED A 7061 S TAMIAMI TR UNIT 109 SARASOTA, FL 34231 | | CO RE | RNERSTONE ALTY FUNDS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Ple | use correct |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | e th | e Q between ! |
| TITLE NAME STREET ADDRESS CHY-ST-ZIP | | | There | ase correct e Q between and Last Name. s NO Q |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | 377.805.3333 erstoneRealtyFund.com |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | www.Corn | erstoner carry and |
| 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 tripstee 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 ampowered. | | | | |