## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000094244

Entity Name: BORO INC.

FILED Apr 30, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

ASHTON COMMERCE CENTER 8466 N. LOCKWOOD RIDGE ROAD 4582 ASHTON ROAD

SUITE 201 SARASOTA, FL 34233 SARASOTA, FL 34243

**Current Mailing Address:** New Mailing Address:

ASHTON COMMERCE CENTER 8466 N. LOCKWOOD RIDGE ROAD

4582 ASHTON ROAD SUITE 201

SARASOTA, FL 34233 SARASOTA, FL 34243

FEI Number: 80-0074952 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIES, KATHRYN M DAVIES, KATHRYN M 8232 CÝPRESS LAKE DRIVE ASHTON CEMMERCE CENTER 4582 ASHTON ROAD SARASOTA, FL 34243 SARASOTA, FL 34233 US

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.

SIGNATURE: 04/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

DAVIES, KATHRYN M DAVIES, KATHRYN M Name: Name:

4582 ASHTON ROAD 8466 N. LOCKWOOD RIDGE ROAD, SUITE 201 Address: Address:

SARASOTA, FL 34243 City-St-Zip: SARASOTA, FL 34233 City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title:

Name: DAVIES, GEMMA Name: DAVIES, GEMMA

4582 ASHTON ROAD 8466 N. LOCKWOOD RIDGE ROAD, SUITE 201 Address: Address:

SARASOTA, FL 34233 City-St-Zip: City-St-Zip: SARASOTA, FL 34243

Title: Title: (X) Change ( ) Addition ( ) Delete DAVIES, RALPH DAVIES, RALPH Name: Name:

4582 ASHTON ROAD 8466 N. LOCKWOOD RIDGE ROAD, SUITE 201 Address: Address:

City-St-Zip: SARASOTA, FL 3433 City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify 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: RALPH DAVIES С 04/30/2007