

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000113081

1. Entity Name

BORMAN & BORMAN CLASSICS, INC.



Principal Place of Business

**1300 THIRD STREET S STE 300
NAPLES, FL 34102**

Mailing Address

**1300 THIRD STREET S STE 300
NAPLES, FL 34102**

DO NOT WRITE IN THIS SPACE



01062006

No Chg-P

CRZE034 (11/05)

4. FEI Number

20-0298615

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOWLER WHITE BOGGS BANKER PA
5811 PELICAN BAY BLVD SUITE 600
NAPLES, FL 34108**

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BORMAN, EARLE
STREET ADDRESS	2354 GULF SHORE BLVD. N.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VP
NAME	BORMAN, BARBARA
STREET ADDRESS	2354 GULF SHORE BLVD. N.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VP
NAME	BORMAN, III, EARLE K.
STREET ADDRESS	2288 ASHTON OAKS LANE, #201
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	VP
NAME	BORMAN, WENDELIN K
STREET ADDRESS	87 RIVERSIDE AVENUE
CITY-ST-ZIP	RIVERSIDE, CT 06878
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/03/06-80016-005 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #