## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 15, 2006 08:00 AM DOCUMENT # P03000131368 **Secretary of State** t. Entity Name BOROSKI WALLPAPERING, INC. Principal Place of Business Mailing Address 5040 ROBINSON RD SARASOTA FL 34233 5040 ROBINSON RD SARASOTA FL 34233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 20-0392284 Not Applied Zip Country Country ZID \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREWETT, DANIEL L Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA RD S SARASOTA FL 34233 City Zip Code 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 according to the state of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE INDIE: Represent Apert signature reputed when tonslating) FILE NOW!!! FEE IS \$150.00 8. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fac-Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE Delete RELE ☐ Change ☐ #="" NAME BOROSKI, EUGENE NAME U00000435277 STREET ADDRESS 5040 ROBONSONG RD STREET ADDRESS 02/25/06-80036-003 150.00 CITY-ST-ZIP SARASOTA FL 34233 CHTY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ A.\*\* MAME NAME BOROSKI, PATTI R STREET ADDRESS 5040 ROBINSONG RD STREET ADDRESS CITY-ST-21P CITY-ST-ZIP SARASOTA FL 34233 HILE Delete TITLE ☐ Change 日松 NAME NEARITE STREET ADDRESS STRUCT ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change - ∏AA MAME NAME STREET ADDRESS STREET ADDRESS CtfY-S1-2# CCTY-ST-ZIP आह ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY-S1-799 CITY - ST- 782 TITLE □ Add Defete THLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direct of the curporation 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janu Boroske

2-13-06

**FILED** 

941-921-17