


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000131368</b>		
1. Entity Name <b>BOROSKI WALLPAPERING, INC.</b>		
Principal Place of Business <b>5040 ROBINSON RD SARASOTA, FL 34233</b>	Mailing Address <b>5040 ROBINSON RD SARASOTA, FL 34233</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>BOROSKI, EUGENE 5040 ROBIASING RD SARASOTA, FL 34233</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u><i>Eugene Boroski</i></u> <u><i>Eugene Boroski</i></u> <u>4-7-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOROSKI, EUGENE 5040 ROBONSONG RD SARASOTA, FL 34233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BOROSKI, PATTI R 5040 ROBINSONG RD SARASOTA, FL 34233	
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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 <u><i>Patti R. Boroski</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-7-08</u> <u>941-921-1760</u> <small>Date Daytime Phone #</small>



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0392284</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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04/21/08-80037-018 150.00

**DO NOT WRITE  
IN THIS SPACE**