


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

03-29-2005 90027 026 ***150.00
 06-06-2005 90003 018 ***400.00

DOCUMENT # P04000008725

1. Entity Name
DUANE BORGAN DRYWALL INC.
Borsen



Principal Place of Business
910 CANOPY LAKE
FORT WALTON BEACH, FL 32547

Mailing Address
910 CANOPY LAKE
FORT WALTON BEACH, FL 32547

2. Principal Place of Business
19 Overstreet Dr

3. Mailing Address
19 Overstreet Dr


Suite, Apt. #, etc.

City & State
Mary ester fl

City & State
Mary ester fl

Zip
32564 Country

Zip
32564 Country



03042005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0592231 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BORGAN-DUANE
910 CANOPY LAKE
FORT WALTON BEACH, FL 32547

7. Name and Address of New Registered Agent

Name
Borsen

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BORGAN, DUANE	
STREET ADDRESS	910 CANOPY LAKE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Borsen Duane</i>	
STREET ADDRESS	<i>19 Overstreet Dr</i>	
CITY-ST-ZIP	<i>Mary ester fl 32564</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Duane Borsen* **DUANE BORGAN** *MAR. 25, 2005* **MAR. 25, 2005** *(CELL) 974-6152*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayside Phone #