

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # P04000025467

1. Entity Name
BORGLUND ENTERPRISES, INC.



Principal Place of Business
**812 THORNBURG ROAD
BABSON PARK, FL 33827 US**

Mailing Address
**812 THORNBURG ROAD
BABSON PARK, FL 33827 US**



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1215988

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BORGLUND, KATHRYN K
812 THORNBURG ROAD
BABSON PARK, FL 33827**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**TRES
BORGLUND, WILLIAM R JR.
812 THORNBURG ROAD
BABSON PARK, FL 33827**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
BORGLUND, KATHRYN K
812 THORNBURG ROAD
BABSON PARK, FL 33827**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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U00000900851
04/29/08-80044-014 150.00

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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: Kathryn K Borglund 4-11-08 863-638-2368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #