

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067437

FILED  
May 01, 2007  
Secretary of State

Entity Name: BORDER ENTERPRISES, INC.

## Current Principal Place of Business:

5335 MISSISSIPPI DRIVE  
FAIRFIELD, OH 45014

## New Principal Place of Business:

2066 CASA LOMA DRIVE  
FAIRFIELD, OH 45014

## Current Mailing Address:

5335 MISSISSIPPI DRIVE  
FAIRFIELD, OH 45014

## New Mailing Address:

2066 CASA LOMA DRIVE  
FAIRFIELD, OH 45014

FEI Number: 13-4279156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BORDER, JOSEPH  
16402-C LIVINGSTON AVE.  
LUTZ, FL 33559 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BORDER, JOSEPH  
Address: 16402-C LIVINGSTON AVE.  
City-St-Zip: LUTZ, FL 33559

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH BORDER

D

05/01/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date