## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2007 08:00 AM Secretary of State

	71111775				Secretary of State
DOCUMENT # P04000113995  1. Entity Name BORNTRAGER CONSTRUCTION INC.				3 8 9 9	Secretary of State
Principal Plac	e of Business	Mailing Address			
211 KINGSW	AY DRIVE	211 KINGSWAY DRIVE		***************************************	
TAMPA, FL :		TAMPA, FL 33617		}	
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	The second se		A SECRETARION OF THE PROPERTY		
DO NOT WRITE IN THIS SPACE				02052007	No Chg-P CR2E034 (11/05)
				4. FEI Numb	er Applied For
				06-173	1062 Not Applicable
				E Cortificato	of Status Desired \$8.75 Additional
				3. Commone	Fee Required
	6. Name and Address of Current Re	gistered Agent			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.			DO NOT WRITE		
4TH FLOC				IN T	THIS SPACE
MIAMI, FL 33145			<del>-</del>	***	
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 little if applicable (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financia Trust Fund Contribution.			· — •	5.00 May Be dded to Fees	U00000628859 02/16/07-80034-011 150.00
10.	ÖFFIČĒAS ĀND DII	RECTORS			
TITLE	PVD	·	T was a second		
NAME	BORNTRAGER, PAUL E		I		
STREET ADDRESS	211 KINGSWAY DRIVE		į.		
CITY-ST-ZIP	TAMPA, FL 33617				
TITLE	ST	•			
NAME	BORNTRAGER, JULIE		1		
STREET ADDRESS	211 KINGSWAY DRIVE		1		
CITY-ST-ZIP	TAMPA, FL 33617				
MLE	<del>√</del> .	<del>_</del>			
Name			1		
STREET ADDRESS			<b>J</b>	no	NOT WRITE
City-ST-ZIP					MOI AAKIIE
TITLE		A. 1	<b>1</b>	INI "	THIS SPACE
NAME			•	114	IIIIO OFACE
STREET ADDRESS			1		
CITY-ST-ZIP			i		
TITLE			Actor.	*****	
NAME			I		
STREET ADDRESS	Consideration		1		
City-St-Zip			1.		
TITLE			* 12 TEC *		
NAME			ł		·
STREET ADDRESS			1		
CITY-ST-ZIP			I		
12. I hereby o	certify that the information supplied with th	is filing does not qualify for the ex-	emptions contain	ed in Chapter 119	9, 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.					
•		WIND SAME			

EIGNATURE AND TYPED ON FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_