

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000160801

Entity Name: BORST CAPITAL CO.

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

325 ISLAND WAY
#109
CLEARWATER, FL 33767 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3775
CLEARWATER, FL 33767 US

New Mailing Address:

FEI Number: 20-3905256

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIRRENE, GREG
3565 BURCHS COVE
W. PALM BEACH, FL 33411 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: BORST, BRUCE
Address: 325 ISLAND WAY
City-St-Zip: CLEARWATER, FL 33767 US

Title: DIR () Delete
Name: BORST-PERSSON, HEATHER
Address: 873 MONROE DR NE APT #1
City-St-Zip: ATLANTA, GA 30308 US

Title: DIR () Delete
Name: BORST, DANIEL R
Address: 2204 OCTAVIA
City-St-Zip: NEW ORLEANS, LA 70115 US

Title: PRES () Delete
Name: BORST, BRUCE
Address: 325 ISLAND WAY #109
City-St-Zip: CLEARWATER, FL 33767 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BRUCE M BORST

PRES

04/10/2008

Electronic Signature of Signing Officer or Director

Date