## 2008 FOR PROFIT CORPORATION

## FILED Feb 19, 2008 8:00 am Secretary of State

 -	ANNUAL REPORT	
 	D0700000544	

1. Entity Nam	10	# P07000023 BORDERS, INC.	351	4				02-19-2008	3 90029 (	017 ***15	50.00	
Principal Place of Business 120 DESOTO BLVD, NORTH NAPLES, FL 34120			Mailing Address 120 DESOTO BLVD. NORTH NAPLES, FL 34120									
2. Principal P	lace of Busin	ness - No P.O. Box #	3,	3. Mailing Address								
Suite, Apt.	uite, Apt. #, etc.			Suite, Apt. #, etc.			01252008	Chg-P	CR2E0	34 (12/06)		
City & Stat	š State			City & State		4. FEI Numb	) Gr			oplied For ot Applicable		
Zip		Country	1	Zip	Cour	ntrý	5. Certificat	e of Status Desired		\$8.75 Add Fee Require		
	6. Name	and Address of Current	Regis	tered Agent		7. Name and Address of New Registered Agent Name						
DE LA RO 120 DESO NAPLES, I	TO BLVD	). North				Street Address	(P.O. Box Numl	per is Not Acceptable	e)			
`. 						City			FL	Zip Code	e ·	
8. The above	named enti	ty submits this statement to	or the p	surpose of changing its	register	ed office or registe	ared agent, or b	oth, in the State of Flo		lamiliar with,	and accept	
, the obligat	ions of regis	tered agent.										
SIGNATURE	Signature, typed	t or printed name of registered agent	and title i	l applicable. (NOT	E Registen	ed Agent signature require	ed when reinstating)	<u> </u>	DATE			
FIL After M	E NOW!!! ay 1, 200	FEE IS \$150.00 8 Fee will be \$550.	00	9. Election Campa Trust Fund Con			5.00 May Be ded to Fees					
10.	I B	OFFICERS AND	DIREC		11.		ADDITIONS	/CHANGES TO OFF	ICERS AND	_		
TITLE NAME						KE E				☐ Change	☐ Addition	
STREET ADDRESS CITY - ST-ZIP	ř .	OTO BLVD. NORTH FL 34120				EET ADDRESS 7-ST-21P						
TITLE				☐ Delete	TITL		•			☐ Change	Addition	
NAME STREET ADDRESS					NE LET ADORESS							
CHY-SI-ZIP -	_			☐ Delete	(-\$1-21P E				☐ Change	Âddition		
NAME STREET ADDRESS					NAM	ne Eet address				_ ,		
CITY-ST-ZIP					1	-ST-ZIP						
TITLE NAME				☐ Delete	HILL NAM	ı				☐ Change	☐ Addition	
STREET ADDRESS CITY - ST - ZIP					STR	EET ADDRESS '-ST-ZIP		±	ven			
TITLE NAME				☐ Delete	TIIL NAM	1				☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP						
TITLE		-		☐ Delete	TIL	1				Change	Addition	
NAME STREET ADDRESS					MAN Stri	IE EET ADDRESS						
CITY-\$T-ZIP	nortify that the	to information conding	a thin E	ling does not qualify for		-ST-ZIP	id in Chantar 11	9 Florida Statutes 1	Liuriber con	ify that the in	formation	
12. I hereby certify that the information supplied with this filling 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.												
SIGNAT	URE: X	SIGNATURE AND TYPED OR	PRINTED	Kolan	OR DIREC	)e La Rosa		1/25/08 Date	95	4-243 ovtime Phone #	3-1161	