

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90054 027 ***158.75

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1. Entity Name
 BORREGARD CONSTRUCTION, INC.

Principal Place of Business: 14148 8TH ST, SUITE 202, DADE CITY FL 33526 US
 Mailing Address: P.O. BOX 1869, DADE CITY FL 33526 US



2. Principal Place of Business - No P.O. Box #: 14148 8th Street, Suite 202, Dade City FL
 3. Mailing Address: Suite, Apt. #, etc. (blank), City & State (blank), Zip (blank), Country (blank)

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0421177 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BORREGARD, WILLIAM
 17306 PARRISH GROVE ROAD
 DADE CITY FL 33523

7. Name and Address of New Registered Agent
 Name (blank)
 Street Address (P.O. Box Number is Not Acceptable) (blank)
 City (blank) FL Zip Code (blank)

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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: Director	<input type="checkbox"/> Delete
NAME: BORREGARD, WILLIAM	
STREET ADDRESS: 17306 PARRISH GROVE ROAD	
CITY ST-ZIP: DADE CITY FL 33522	
TITLE: (blank)	<input type="checkbox"/> Delete
NAME: (blank)	
STREET ADDRESS: (blank)	
CITY ST-ZIP: (blank)	
TITLE: (blank)	<input type="checkbox"/> Delete
NAME: (blank)	
STREET ADDRESS: (blank)	
CITY ST-ZIP: (blank)	
TITLE: (blank)	<input type="checkbox"/> Delete
NAME: (blank)	
STREET ADDRESS: (blank)	
CITY ST-ZIP: (blank)	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: (blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: (blank)	
STREET ADDRESS: (blank)	
CITY ST-ZIP: (blank)	
TITLE: (blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: (blank)	
STREET ADDRESS: (blank)	
CITY ST-ZIP: (blank)	
TITLE: (blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: (blank)	
STREET ADDRESS: (blank)	
CITY ST-ZIP: (blank)	
TITLE: (blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: (blank)	
STREET ADDRESS: (blank)	
CITY ST-ZIP: (blank)	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: William Borregard Date: 2/06/07 Daytime Phone #: 352-20567-4985