

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

3. Mailing Address

Suite, Apt. #, etc.

Suite 202

City & State
Dade City, FL

City & State

Zip
33525

Country
USA

Zip

Country

4. FEI Number 65-0421177

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title, if applicable

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
Director
BORREGARD, WILLIAM
17306 PARRISH GROVE ROAD
DADE CITY FL 33522 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

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CITY ST ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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CITY ST ZIP ☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/06/07

352-20567-4985

Date

Daytime Phone #