## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000084524

Entity Name

**BOOR & ASSOCIATES, INC.** 



FILED Jan 07, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

309 BANYAN WAY

MELBOURNE BEACH, FL 32951

309 BANYAN WAY MELBOURNE BEACH, FL 32951



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-3277995	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOOR, SAM 309 BANYAN WAY MELBOURNE BEACH, FL 32951

## DO NOT WRITE IN THIS SPACE

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 Mile # applicable (NOTE: Registered Agent signature required when reinstating)  DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			encing _	\$5.00 May Be Added to Fees	DAIL		
10.	OFFICERS AND DIREC	TORS	I				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOOR, SAM 309 BANYAN WAY MELBOURNE BEACH, FL 32951				U00000774821 01/08/08-80005-003 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/08/08~80803~003 130.00		
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12 I horoby o	artify that the information cumplied with this fill				Deside Cartes at the court strate that the court		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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 occition 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 within address, with all other like empowered.

SIGNATURE:

COMMUNE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 4, 2008

321-723-1250

Daytime Phone #