

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000068809	
1. Entity Name GEMS ENTERPRISES OF HERNANDO COUNTY, INC.	

Principal Place of Business 5459 S. OAKRIDGE DRIVE HOMOSASSA FL 34448	Mailing Address 3 CALENDULA CT. W. HOMOSASSA FL 34446
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent BORG, RICHARD 3 CALENDULA CT. W. HOMOSASSA FL 34446	
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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 date. (NOTE: Registered Agent signature required when not filing.) DATE _____

FILE NOW!!! FEE IS: \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	BORG, GREGORY P
STREET ADDRESS	12971 KINGS DALE LANE
CITY-ST-ZIP	WEST PALM BEACH FL 33414
TITLE	☐ Delete
NAME	ARUNDELL, ELAINE MARIE
STREET ADDRESS	2834 MOSSY TIMBER TRAIL
CITY-ST-ZIP	VALRICO FL 33594
TITLE	☐ Delete
NAME	BORG, RICHARD J
STREET ADDRESS	3 CALENDULA CT. W.
CITY-ST-ZIP	HOMOSASSA FL 34446
TITLE	☐ Delete
NAME	MC KIERNAN, STEPHANIE ANN
STREET ADDRESS	12401 RUSTIC VIEW COURT
CITY-ST-ZIP	TAMPA FL 33635
TITLE	☐ Delete
NAME	BORG, MICHAEL S
STREET ADDRESS	13377 ASBURY ST.
CITY-ST-ZIP	SPRING HILL FL 34609
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	000000870534
STREET ADDRESS	04/09/08-80099-016 150.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Richard Borg* **RICHARD BORG** **3-20-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day: 26 Month: 03 Year: 08