

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000078249

Entity Name: BORLAN PROPERTIES, INC.

FILED  
Jan 18, 2008  
Secretary of State

## Current Principal Place of Business:

4220 SALTWATER BLVD  
TAMPA, FL 33615 US

## New Principal Place of Business:

## Current Mailing Address:

4220 SALTWATER BLVD  
TAMPA, FL 33702 US

## New Mailing Address:

FEI Number: 59-3533723      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BORER, PETER F PRES  
4220 SALTWATER BLVD.  
TAMPA, FL 33615 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LANG, LARRY F  
Address: 13830 N 16TH WAY  
City-St-Zip: PHOENIX, AZ 85022 US

Title: D ( ) Delete  
Name: BORER, PETER F  
Address: 4220 SALTWATER BLVD  
City-St-Zip: TAMPA, FL 33615 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER BORER

PRES

01/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date