


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 24, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P99000038368</b> 1. Entity Name TOTAL BORES, INC.	
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Principal Place of Business 1168 RING ST. DELTONA, FL 32725	Mailing Address 1168 RING ST. DELTONA, FL 32725
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**DO NOT WRITE IN THIS SPACE**



01192007 No Chg-P. CR2E034 (11/05)

4. FEI Number 59-3576813	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BARTEAUX, TIMOTHY D 1168 RING ST. DELTONA, FL 32725
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**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 fee if applicable. (NOTE: Registered Agent signature required when renewing)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000600701 01/26/07-80018-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTEAUX, TIMOTHY D 1168 RING ST. DELTONA, FL 32725
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Tim Barteaux Pres. TIM BARTEAUX 1-21-07 386-804-1767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #