


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # V38915 1. Entity Name BORELLI CONSTRUCTION OF NAPLES, INC.	
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Principal Place of Business 4001 TAMAMI TRAIL N #410 NAPLES, FL 34103 US	Mailing Address P.O. BOX 8211 NAPLES, FL 34101-8211 US
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0336339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BORELLI, VINCENT 1116 DORMIE DR NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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	DP BORELLI, VINCENT 1116 DORMIE DR NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BORELLI, MARK 545 WHISPERING PINE CT NAPLES, FL
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01/10/07-80030-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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: *Vincent Borelli Pres* 1/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #