

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028131

Entity Name: THE CABIN BOYZ, INC.

FILED  
Jan 22, 2007  
Secretary of State

**Current Principal Place of Business:**

12500 STATE ROAD  
GROVELAND, FL 34736

**New Principal Place of Business:**

**Current Mailing Address:**

6025 LAKE ERIE ROAD  
GROVELAND, FL 34736

**New Mailing Address:**

FEI Number: 20-2418946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BORSEY, PATRICK  
12500 STATE ROAD 33  
GROVELAND, FL 34736 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: PSD ( ) Delete  
Name: BORSEY, PATRICK  
Address: 6025 LAKE ERIE ROAD  
City-St-Zip: GROVELAND, FL 34736

Title: VTD ( ) Delete  
Name: SEEFELDT, CHRISTOPHER  
Address: 6025 LAKE ERIE ROAD  
City-St-Zip: GROVELAND, FL 34736

**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 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: PATRICK BORSEY

PSD

01/22/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date