

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 291935

1. Entity Name
BUSINESS MACHINE CLINIC INC



Principal Place of Business
19096 SE CORAL REEF LANE
JUPITER, FL 33458

Mailing Address
PO BOX 7413
JUPITER, FL 33468

DO NOT WRITE IN THIS SPACE



04102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1168836

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICHTER, GIL J
19096 SE CORAL REEF LANE
JUPITER, FL 33458

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RICHTER, JAMES L.
STREET ADDRESS	PO BOX 7413
CITY-ST-ZIP	JUPITER, FL 33468
TITLE	S
NAME	RICHTER, GERTRUDE
STREET ADDRESS	PO BOX 7413
CITY-ST-ZIP	JUPITER, FL 33468
TITLE	VP
NAME	RICHTER, GIL J.
STREET ADDRESS	PO BOX 7413
CITY-ST-ZIP	JUPITER, FL 33468
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000504384
04/26/06-80066-020 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone if

4/7/2006 561-3121684