

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90238 045 ***150.00

DOCUMENT # 844715

1. Entity Name

BIO VIM, INC.



Principal Place of Business

1010 SOUTH 5TH AVE
STE 300
NAPLES FL 34102
US

Mailing Address

PO BOX 7369
NAPLES FL 34101
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

02-0329746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOONER, JR., EUGENE C.
5386 SYCAMORE DRIVE
NAPLES FL 34116

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	PTD DOONER, EUGENE C	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5386 SYCAMORE DRIVE NAPLES FL 34102	
TITLE NAME	VPD LEE, NANCY D	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	302 RIDGE DR NAPLES FL 34108	
TITLE NAME	VPD BUTLER, GERALD L	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	5281 10TH STREET SW NAPLES FL 34116	
TITLE NAME	VPD LEE, DERILL E JR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	302 RIDGE DRIVE NAPLES FL 34108	
TITLE NAME	SD DEVILIN, ROBERT E	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6934 RAIN LILY COURT NAPLES FL 34109	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Eugene C. Dooner Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #