

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844715

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: BIO VIM, INC.

**Current Principal Place of Business:**

1010 SOUTH 5TH AVE  
STE 300  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7369  
NAPLES, FL 34101 US

**New Mailing Address:**

FEI Number: 02-0329746      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DOONER, JR., EUGENE C.  
5386 SYCAMORE DRIVE  
NAPLES, FL 34116 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: PTD ( ) Delete  
Name: DOONER, EUGENE C  
Address: 5386 SYCAMORE DRIVE  
City-St-Zip: NAPLES, FL 34102

Title: VPD ( ) Delete  
Name: LEE, NANCY D  
Address: 302 RIDGE DR  
City-St-Zip: NAPLES, FL 34108

Title: VPD ( ) Delete  
Name: BUTLER, GERALD L  
Address: 5281 10TH STREET SW  
City-St-Zip: NAPLES, FL 34116

Title: VPD ( ) Delete  
Name: LEE, DERILL E JR.  
Address: 302 RIDGE DRIVE  
City-St-Zip: NAPLES, FL 34108

Title: SD ( ) Delete  
Name: DEVLIN, ROBERT E  
Address: 6934 RAIN LILY COURT  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: LEE, DERILL E JR.  
Address: 610 19TH ST SW  
City-St-Zip: NAPLES, FL 34119

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DOONER, EUGENE C.

PTD

01/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date