

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90088 006 ***150.00

DOCUMENT # J59276

1. Entity Name
BMW CHATTAHOOCHEE CORP.



Principal Place of Business
**107 ORIOLE COURT
ROYAL PALM BEACH, FL 33411 US**

Mailing Address
**107 ORIOLE COURT
ROYAL PALM BEACH, FL 33411 US**

40063245



01262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
10500 NE 12th Lane
Suite, Apt. #, etc.

3. Mailing Address
10500 NE 12th Lane
Suite, Apt. #, etc.

City & State
Okeechobee, Florida

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Okeechobee, Florida

4. FEI Number
59-2774078

Applied For
Not Applicable

Zip Country
34974 USA

Zip Country
34974 USA

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

6. Name and Address of Current Registered Agent

**WESSON, BRETT W
107 ORIOLE COURT
WEST PALM BEACH, FL 33411**

7. Name and Address of New Registered Agent

Name
Brett W. Wesson
Street Address (P.O. Box Number is Not Acceptable)
10500 NE 12th Lane

City Zip Code
Okeechobee FL 34974

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, 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 **D** ☐ Delete
NAME **WESSON, BRETT W.**
STREET ADDRESS **107 ORIOLE COURT**
CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **Brett W. Wesson**
STREET ADDRESS **10500 NE 12th Lane**
CITY-ST-ZIP **Okeechobee, Florida 34974**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: Brett W. Wesson **Brett W. Wesson** 4-14-07 561 791 0505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #