

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90001 037 ***150.00

DOCUMENT # J94351

1. Entity Name
REGIONAL ELEVATOR, INC.



Principal Place of Business
**1010 SE 12TH COURT
CAPE CORAL, FL 33990 US**

Mailing Address
**1010 SE 12TH COURT
CAPE CORAL, FL 33990 US**

40026200



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0012641

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHIMANSKY, ROBERT
1508 SE 42ND TERRACE
CAPE CORAL, FL 33904**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHIMANSKY, ROBERT G
STREET ADDRESS	1508 SE 42ND TERRACE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	V
NAME	SCHIMANSKY, ROBERT W
STREET ADDRESS	1980 INDIAN CREEK DR.
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	V
NAME	SCHIMANSKY, STEVEN E
STREET ADDRESS	3515 SE 10TH AVENUE
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Robert Schimansky Robert Schimansky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239
4581859