

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # M87200

1. Entity Name
S.W. FLORIDA CHILI, INC.



Principal Place of Business
5100 323 S CLEVELAND AVE
FT MYERS, FL 33907 US

Mailing Address
5100 323 S CLEVELAND AVE
FT MYERS, FL 33907 US



03242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0053970

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

RODENFELS, ROBERT A
5100-323 S CLEVELAND AVE
FORT MYERS, FL 33907

**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	RODENFELS, NORMA H
STREET ADDRESS	197 SHARWOOD DR.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	VD
NAME	RODENFELS, ROBERT A.
STREET ADDRESS	1211 WESTFIELD DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	STD
NAME	RODENFELS, JAMES E.
STREET ADDRESS	1320 KINGSWOOD CT.
CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/08-80033-013 150.00

**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:

Robert A. Rodenfels Robert A. Rodenfels VP

3-27-08

238-278-3929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

De-facto Printing #