

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007206

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: RHEEM TEAM DEALERS OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1027 SE 12TH CT  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

POB 6852  
FORT MYERS, FL 33911

**New Mailing Address:**

FEI Number: 59-3694109      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HART, RONALD K  
1910 VIRGINIA AVE APT 203B  
FORT MYERS, FL 33901      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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ALVAREZ, TROY  
Address: 1027 SE 12TH CT  
City-St-Zip: CAPE CORAL, FL 33990

Title: VP ( ) Delete  
Name: STEWART, JOHN  
Address: 11373 LEE ROAD  
City-St-Zip: FT MYERS, FL 33967

Title: SBM ( ) Delete  
Name: SERIICK, WILLIAM S  
Address: 606 CENTER ROAD  
City-St-Zip: FT MYERS, FL 33907

Title: S ( ) Delete  
Name: AUGER, DAVID K  
Address: 1020 PINE ISLAND RD STE 107  
City-St-Zip: CAPE CORAL, FL 33915

Title: T ( ) Delete  
Name: BOREK, FRANK  
Address: 1511 GRETCHEN AVE  
City-St-Zip: LEHIGH ACRES, FL 33971

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM S SERVICK

SBM

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date