2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002885

FILED Apr 29, 2009 Secretary of State

Entity Name: THE TOWN OF FORT MYERS BEACH PUBLIC WORKS SERVICES, INC.

Current Principal Place of Business:				ı	New Principal Place of Business:			
2523 ESTE FORT MYE	ERO BLVD ERS BEACH, F	FL 33931						
Current Mailing Address:				ı	New Mailing Address:			
	ERO BLVD ERS BEACH, F	FL 33931						
FEI Number:	65-1122138	FEI Numb	er Applied For()	FEI Numl	ber Not Appli	cable ()	Certificate of Status	Desired ()
Name and	Address of C	urrent Re	gistered Agent:	l	Name and	Address of	f New Registered Ag	ent:
2523 ESTE FORT MYE	MICHELLE D ERO BLVD. ERS BEACH, F		US	ournose of	changing it	s registered	l office or registered a	gent or both
	e of Florida.		s statement for the p	on pooc of	changing it	o regioteree	omee of registered a	gent, or both,
SIGNATUF								
Electronic Signature of Registered Agent					Date			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	P () KIKER, LARRY 2523 ESTERO FORT MYERS I		33931	1	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V () ACKEN, HERB 2523 ESTERO FORT MYERS I		33931	1	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () RAYMOND, BO 2523 ESTERO FORT MYERS I	BLVD	33931	1	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () BABCOCK, TOM 2523 ESTERO FORT MYERS I	BLVD	33931	1	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name:	D () JANKE, SCOTT	Delete			Title: Vame:	D JANKE, SCO	(X) Change () Addition	

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: MICHELLE D. MAYHER R A 04/29/2009