

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010888

FILED
Jan 11, 2007
Secretary of State

Entity Name: THE BUSINESS NETWORK OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

C/O BUSINESS MEASUREMENT 8359 BEACON BLVD.
SUITE 605
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

PO BOX 60773
FORT MYERS, FL 33906

New Mailing Address:

FEI Number: 16-1692503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIZZOLATO, BARBARA M ESQ.
11920 FAIRWAY LAKES DRIVE
BLDG 1, STE 2
FORT MYERS,, FL 33913 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: VD () Delete
Name: RAMEY, SUZANNE
Address: 5616 MONTILLA
City-St-Zip: FORT MYERS, FL 33919 US

Title: TRES () Delete
Name: CAVALIER, THOMAS L
Address: 2119 SE 12TH ST.
City-St-Zip: CAPE CORAL, FL 33990 US

Title: S () Delete
Name: KOMNICK, CHERYL
Address: 2463 FRANKLIN STREET
City-St-Zip: FORT MYERS, FL 33901 US

Title: P () Delete
Name: STAWICKI, TOM
Address: 2549 CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMEY, SUZANNE
Address: 5616 MONTILLA
City-St-Zip: FORT MYERS, FL 33919 US

Title: T (X) Change () Addition
Name: CAVALIER, THOMAS L
Address: 2119 SE 12TH ST.
City-St-Zip: CAPE CORAL, FL 33990 US

Title: V (X) Change () Addition
Name: KOMNICK, CHERYL
Address: 2463 FRANKLIN STREET
City-St-Zip: FORT MYERS, FL 33901 US

Title: S (X) Change () Addition
Name: STAWICKI, TOM
Address: 2549 CLEVELAND AVE
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS L CAVALIER

T

01/11/2007

Electronic Signature of Signing Officer or Director

Date