## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # N96000004944 Jul 14, 2008 08:00 AM 1. Entity Name B.F. INDUSTRIAL CENTER OWNERS' ASSOCIATION, **Secretary of State** INC. Principal Place of Business Mailing Address 4841 WAYCROSS ROAD 4507 SE 16TH PLACE CAPE CORAL, FL 33904 FORT MYERS, FL 33905 07082008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 31-1480072 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONSTANTINO, ANTHONY M DO NOT WRITE 4507 SE 16TH PLACE CAPE CORAL, FL 33906 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 9. Election Campaign Financing **\$5.00** May Be Filing Fee is \$61.25 Added to Fees Trust Fund Contribution. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. THLE NAME BAUMGARTNER, JERRY STREET ADDRESS 4841 WAYCROSS ROAD CITY-ST-ZIP FORT MYERS, FL 33905 TITLE NAME U00000954573 07/14/08-80007-009 61.25 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

239.542-1976

Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TO TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR