

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90024 043 ***150.00

94025300



DOCUMENT # P03000114211 1. Entity Name BIRCHWOOD INTERNATIONAL, INC.			
Principal Place of Business 40150 HANCOCK BRIDGE PKWY STE #12 N FT MYERS, FL 33903		Mailing Address 40150 HANCOCK BRIDGE PKWY STE #12 N FT MYERS, FL 33903	
2. Principal Place of Business 4150 Hancock Bridge Pkwy Suite, Apt. #, etc. #12 & #13		3. Mailing Address 4150 Hancock Bridge Pkwy Suite, Apt. #, etc. #12 & #13	
City & State N. Fort Myers, FL Zip 33903		City & State N. Fort Myers, FL Zip 33903	
4. FEI Number 30-0314135		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INTERBARTOLO, JOSEPH R 40150 HANCOCK BRIDGE PKWY STE #12 N FT MYERS, FL 33903		7. Name and Address of New Registered Agent Name Interbartolo, Joseph R Street Address (P.O. Box Number is Not Acceptable) 4150 Hancock Bridge Pkwy Ste 13 City N. Fort Myers FL Zip Code 33903	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPSV INTERBARTOLO, JOSEPH R 7943 TIGER PALM WAY FT MYERS, FL 33912	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INTERBARTOLO, JOSEPH R 7943 TIGER PALM WAY FT MYERS, FL 33912	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:		Date 3/3/04 Daytime Phone # 239 542-0065	