JUL-08-2004 THU 08:19 ID:

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Sep 02, 2004 8:00 am
Secretary of State

07-21-2004 90025 030 ***158.75

7/2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000133381

1. Entity Name
BIEL BUILDERS, INC.

66433057

Principal Place of Business	Mailing Address
2320 MONROE AVE. ALVA, FL 33920	2320 MONROE AVE. ALVA, FL 33920

07072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2320 Monroe Ave	2320 Monroe Ave
Suite, Apt. #, etc. A	Suite, Apt. #, etc.
City & State ALVA, FL	City & State ALVA, FL
Zip 33920 Country Lee	Zip 33920 Country Lee

4. FEI Number ✓ Applied For / Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIEL, THOMAS K
2320 MONROE AVE.
ALVA, FL 33920

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Thomas K Biel DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	BIEL Owner ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS	NAME	
STREET ADDRESS	2320 MONROE AVE. 100%	STREET ADDRESS	
CITY-ST-ZIP	ALVA, FL 33920	CITY-ST-ZIP	
TITLE	D Accountant ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SOOM, PETER W	NAME	
STREET ADDRESS	12650 NEW BRITTANY BLVD.	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS, FL 33907	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Thomas K Biel 7-14-2004 239-728-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #