

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90294 023 ***158.75

DOCUMENT # P03000156041					
1. Entity Name BANKERS MUTUAL HOLDINGS, INC.					
Principal Place of Business 11300 US HWY 1 STE 203 NORTH PALM BEACH, FL 33408			Mailing Address 11300 US HWY 1 STE 203 NORTH PALM BEACH, FL 33408		
2. Principal Place of Business 2401 PGA Blvd. Suite, Apt. #, etc. 148		3. Mailing Address 2401 PGA Blvd. Suite, Apt. #, etc. 148			
City & State Palm Beach Gardens, FL Zip 33410		City & State Palm Beach Gardens, FL Zip 33410		4. FEI Number 20-1193312	
Country USA		Country USA		5. Certificate of Status Desired ☒ XX \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, DONALD W ESQ 11300 US HWY 1 STE 203 NORTH PALM BEACH, FL 33408			7. Name and Address of New Registered Agent Name Donald W. Miller, Esq. Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Blvd., Suite 186 Palm Beach Gardens FL Zip 33410		
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: Donald W. Miller 3-15-05 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D MILLER, DONALD W 11300 US HWY 1 STE 203 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D+P+S FRICKER, H. MAX 11300 US HWY 1 STE 203 NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D+P+S Fricker, H. Max 2401 PGA Boulevard, Suite 148 Palm Beach Gardens, FL 33410	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: H. Max Fricker, D+P+S			3-15-05		561-625-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #