


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90092 042 ***158.75

DOCUMENT # P03000156041 1. Entity Name BANKERS MUTUAL HOLDINGS, INC.					
Principal Place of Business 2401 PGA BLVD 148 PALM BEACH GARDENS, FL 33410			Mailing Address 2401 PGA BLVD 148 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 51-0491864 20-1493342				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FRICKER, MAX H 2401 PGA BLVD. SUITE 148 PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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, 2008 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	DPS FRICKER, H. MAX 2401 PGA BOULEVARD, SUITE 148 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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 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, DPS			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 01/08/08 Time Phone # (561) 625-1005			



Department of the Treasury
Internal Revenue Service

ATTACHMENT

OGDEN UT 84201-0034

OMB Clearance No.: 1545-0123

In reply refer to: 0426029618
May 02, 2006 LTR 3875C 0
51-0491864 200512 02 000

22812

BODC: SB

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P03000156041

BANKERS MUTUAL HOLDINGS INC
% MAX FRICKER
2401 PGA BLVD #148
PALM BEACH GARDENS FL 33410

COPY

017910

Taxpayer Identification Number: 51-0491864
Form: 1120
Tax Period: Dec. 31, 2005

Dear Taxpayer:

We received your return referenced above under taxpayer identification number (TIN) 20-1193312. Our records show you were assigned TIN 51-0491864 so we are processing your return using that TIN. You should file using that TIN for any future filings.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include a copy of this letter and, in the spaces below, provide us with a telephone number with the hours we can reach you. Also, you should keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank you for your cooperation.

Sincerely yours,

Marlene Waters

Marlene Waters
Dept. Manager, Input Corrections