

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

04-13-2006 90288 021 ***150.00

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1st MOORE CR2E034 (10/05)

DOCUMENT # P05000149766

1. Entity Name

VERNER B BODKER, P.A.



Principal Place of Business

92220 OVERSEAS HWY
TAVERNIER FL 33070

Mailing Address

92220 OVERSEAS HWY
TAVERNIER FL 33070

2. Principal Place of Business

SCHMITT REAL ESTATE

3. Mailing Address

85996 O.H.

Suite, Apt. #, etc.

85996 O.H.

Suite, Apt. #, etc.

ISLAMORAOA

City & State

ISLAMORAOA FLA

City & State

FLA.

4. FEI Number

20-4462396

Applied For

Not Applicable

Zip

33036

Country

MONROE

Zip

33036

Country

MONROE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BODKER, VERNER B
92220 OVERSEAS HWY
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name VERNER BODKER

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

85996 OVERSEAS HWY

City ISLAMORAOA

FL

Zip Code 33036

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

Vern B Bodker

Signature typed or printed name of registered agent and into a declaration

(NOTE: Registered Agent signature required when substituting)

DATE

4-6-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BODKER, VERNER B
STREET ADDRESS 92220 OVERSEAS HWY
CITY-ST-ZIP TAVERNIER FL 33070

☒ Delete

TITLE OP
NAME VERNER BODKER, VERNER B
STREET ADDRESS 85996 O.H.
CITY-ST-ZIP ISLAMORAOA, FLA 33036

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Vern B Bodker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 305 664-8944

DATE

TELEPHONE