

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Certified mail # 7006 3450 0001 5065 9689

FILED 2007

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000004365

1. Entity Name
BDND, INC.



Principal Place of Business
4524 SE 16TH PLACE
SUITE 3
CAPE CORAL FL 33904

Mailing Address
4524 SE 16TH PLACE
SUITE 3
CAPE CORAL FL 33904



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0468820

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

YORK, RONALD A
4524 SE 16TH PLACE
SUITE 3
CAPE CORAL FL 33904

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 D ☐ Delete
NAME BREYCHA, OTTO KAR
STREET ADDRESS PFAHLERSTRASSE 54, 6200
CITY-STATE-ZIP WIESBADEN, GERMANY

TITLE D ☐ Delete
NAME NEUHAS, JURGEN
STREET ADDRESS FORSTHAUSWEG 25, D 4902
CITY-STATE-ZIP BAD SALZUFLEN, GERMANY

TITLE D ☐ Delete
NAME DILL, ANNETTE
STREET ADDRESS MITTELSTEDTER WEG 33B
CITY-STATE-ZIP BAD HOMBURG, GERMANY 61348

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000750315
05/18/07-80058-012 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

Ronald A. York

04/25/07 (239) 542-1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #