

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90119 048 ***150.00

DOCUMENT # P93000041424

1. Entity Name
BCDV, INC.



Principal Place of Business
7981 GLADIOLUS DRIVE
FORT MYERS, FL 33908

Mailing Address
7981 GLADIOLUS DRIVE
FORT MYERS, FL 33908

DO NOT WRITE IN THIS SPACE

40005053



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0416137

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DELANS, RONALD
7981 GLADIOLUS DRIVE
FT. MYERS, FL 33919

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAANTHAN, K D 7981 GLADIOLUS DRIVE FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELANS, RONALD 7981 GLADIOLUS DRIVE FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANSICKLER, JOEL 7981 GLADIOLUS DRIVE FT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGNO, MARY MARGARET 7981 GLADIOLUS DRIVE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONREY, JOHN E 7981 GLADIOLUS DRIVE FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

Date

Daytime Phone #

1-20-06 (239) 939-0999