

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90110 033 \*\*\*150.00

<b>DOCUMENT # P97000020275</b> 1. Entity Name <b>BC WETLANDS, INC.</b>					
Principal Place of Business <b>2600 GOLDEN GATE PARKWAY NAPLES, FL 34105 US</b>			Mailing Address <b>2600 GOLDEN GATE PARKWAY NAPLES, FL 34105 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>65-0735749</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<div style="display: flex; justify-content: space-between;"> <span>05012008    Chg-P    CR2E034 (12/06)</span> <span>40091910</span> </div>					
6. Name and Address of Current Registered Agent  <b>MARINELLI, PAUL J 2600 GOLDEN GATE PARKWAY NAPLES, FL 34105</b>			7. Name and Address of New Registered Agent Name <b>BRADLEY A BOAZ</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <b>Bradley A Boaz</b> 5/1/08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b> <b>MARINELLI, PAUL J</b> <b>2600 GOLDEN GATE PARKWAY</b> <b>NAPLES, FL 34105</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>BORDEN, DAVID K</b> <b>2600 GOLDEN GATE PARKWAY</b> <b>NAPLES, FL 34105</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>BOAZ, BRADLEY A</b> <b>2600 GOLDEN GATE PARKWAY</b> <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CD</b> <b>GABLE, LAMAR</b> <b>2600 GOLDEN GATE PARKWAY</b> <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>COLLIER, BARRON III</b> <b>2600 GOLDEN GATE PARKWAY</b> <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>SPROUL, JULIET C</b> <b>2600 GOLDEN GATE PARKWAY</b> <b>NAPLES, FL 34105</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V/S/T</b> <b>BRADLEY A BOAZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P/D</b> <b>BARRON COLLIER III</b>	<input checked="" 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: <b>Bradley A Boaz</b> 5/1/08      239-262-2600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

# ATTACHMENT

## ATTACHMENT TO 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000020275

ENTITY: BC WETLANDS, INC.

FEI NUMBER: 05-0735749

40091918

### ADDITIONAL OFFICERS AND DIRECTORS

TITLE:	D	
NAME	FRANCES G VILLERE	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE:	D	
NAME	PHYLLIS G ALDEN	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE:	D	
NAME	DONNA G KELLER	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE:	D	
NAME	KATHERINE G SPROUL	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES, FL 34105	
TITLE:	V	
NAME	THOMAS L TREADWELL JR	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	2600 GOLDEN GATE PARKWAY	
CITY-ST-ZIP	NAPLES, FL 34105	