

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90038 038 ***150.00

DOCUMENT # P97000038732



1. Entity Name
MISSION VALLEY OF SOUTHWEST FLORIDA, INC.

Principal Place of Business
421 S TAMiami TRAIL
VENICE, FL 34285 US

Mailing Address
421 S TAMiami TRAIL
VENICE, FL 34285 US

40016730



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

01152008

Chg-P

CR2E034 (12/06)

4. FEI Number

65-0760653

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

VOIGT, STEPHEN F
2414 BEE RIDGE ROAD
SARASOTA, FL 34239

BOONE, STEPHEN
VENICE FL

Name

STEPHEN BOONE

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

1001 AVENIDA DEL CIRLO

P.O. BOX 1596

City

VENICE

FL

Zip Code

34285

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BLEILER, WILLIAM C	
STREET ADDRESS	421 S TAMiami TR	
CITY - ST - ZIP	VENICE, FL 34285	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KOESTER, WALTER F JR	
STREET ADDRESS	421 S TAMiami TR	
CITY - ST - ZIP	VENICE, FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

Walter F. Koester Jr 1-29-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-488-5980

ATTACHMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS[Home](#)[Contact Us](#)[E-Filing Services](#)[Document Searches](#)[Forms](#)[H](#)

Annual Report Online Filing

40016796
P97000038732

Document Number P97000038732

Business Entity Name MISSION VALLEY OF SOUTHWEST FLORIDA, INC.

FEI Number 65 - 0760653

FEI Number Status ☒ Listed Above ☐ Applied For ☐ Not ApplicableCertificate of Status Desired ☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ NoPrincipal Place of Business

Address 421 S TAMIAMI TRAIL

(PO Box not acceptable)

Suite, Apt. #, etc:

City, State VENICE, FL

Zip Code & Country 34285 US

Mailing Address

If your mailing address is the same as the principal address above, please check the box below. Otherwise your mailing address.

☐ Mailing address same as principal address

Address 421 S TAMIAMI TRAIL

Suite, Apt. #, etc.

City, State VENICE, FL

Zip Code & Country 34285 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) VOIGT

STEPHEN

- OR -

Business to serve as RA

ATTACHMENT**Street Address In Florida** 2414 BEE RIDGE ROAD (PO Box not acceptable)**Suite, Apt. #, etc.****City, State** SARASOTA , FL**Zip Code & Country** 34239 US# 40016796
P97000038732

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address**Name And Address #1****Title** P**Name (Last, First, Middle, Title)** BLEILER , WILLIAM C ,

- OR -

Entity Name to serve as Officer/Director**Street Address** 421 S TAMIAMI TR**City, State** VENICE , FL**Zip Code & Country** 34285**Name And Address #2****Title** VP**Name (Last, First, Middle, Title)** KOESTER , WALTER F JR ,

- OR -

Entity Name to serve as Officer/Director**Street Address** 421 S TAMIAMI TR**City, State** VENICE , FL**Zip Code & Country** 34285**Name And Address #3****Title**

ATTACHMENT

40016796
P970000038732

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

[Home](#) [Contact us](#) [Document Searches](#) [E-Filing Services](#) [Forms](#) [Help](#)
Copyright and Privacy Policies
Copyright © 2007 State of Florida, Department of State.