

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000014123

1. Entity Name
B.N.W.U.S.A., INC.



Principal Place of Business
**921 BELVILLE BLVD.
NAPLES, FL 34104 US**

Mailing Address
**921 BELVILLE BLVD.
NAPLES, FL 34104 US**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3512257

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WOOD, JEFFREY A
921 BELVILLE BLVD.
NAPLES, FL 34104**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000591696
01/19/07-80033-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WOOD, JEFFREY A
STREET ADDRESS	921 BELVILLE BLVD.
CITY-ST-ZIP	NAPLES, FL 34104
TITLE	DST
NAME	RODZONIAK, HARRY
STREET ADDRESS	205 GREENBRIAR ROAD
CITY-ST-ZIP	ANCASTER, ONTARIO, CANADA, L9G4V3
TITLE	V
NAME	BENNETT, COLIN W
STREET ADDRESS	427 PAPAYA ST.
CITY-ST-ZIP	GOODLAND, FL 34140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Jeffrey A Wood **JEFFREY A WOOD**

JAN 15/07 239-455-4925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #