2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State
04-05-2006 90159 049 ***150.00

DOCUMENT # P98000080643

1. Entity Name
BMI OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
1323-B CAPE CORAL PKWY E. CAPE CORAL, FL 33904	1323-B CAPE CORAL PKWY E. CAPE CORAL, FL 33904

66011003

01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0873949
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUTT, DARRIN R
4524 S.E. 11TH PLACE
CAPE CORAL, FL 33904

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P
NAME	BERGER-MEINS, ANGELIKA
STREET ADDRESS	1323 CAPE CORAL PKWY. E.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	V
NAME	GOMER, BRIAN D
STREET ADDRESS	1323-B CAPE CORAL PKWY E.
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Linda Wilmet 04/17/06 239-549-5400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

BMI of Southwest Florida, Inc
Lic. Real Estate Broker
1323B Cape Coral Pkwy East
Cape Coral, Florida 33904

ATTACHMENT 660011803

#P98000080643

BMI OF SOUTHWEST FLORIDA INC
LIC. REAL ESTATE BROKER
PH. 941-549-5400
1323-B CAPE CORAL PKWY EAST
CAPE CORAL, FL 33904-9606

5612
63-215/631

03/28/06
DATE

PAY TO THE ORDER OF Florida Department of State Div. of Corp. $ 150.00

One hundred fifty 00/100 DOLLARS

SUNTRUST ACH RT 061000104

FOR FEI # 65-0872949

[redacted]

Linda Vincent

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