

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000078288**

1. Entity Name  
**BIRCH DEVELOPMENT CORP.**



Principal Place of Business  
**7777 GLADES ROAD  
SUITE 310  
BOCA RATON, FL 33434**

Mailing Address  
**7777 GLADES ROAD  
SUITE 310  
BOCA RATON, FL 33434**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0945000**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHMIER, ROBERT J  
7777 GLADES ROAD  
SUITE 310  
BOCA RATON, FL 33434**

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	SCHMIER, ROBERT J
STREET ADDRESS	7777 GLADES ROAD SUITE 310
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	D
NAME	JACOBSON, HAROLD B
STREET ADDRESS	7900 GLADES RD. 510
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	CEOS
NAME	FEURRING, DOUGLAS R
STREET ADDRESS	7777 GLADES RD. #310
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	VP
NAME	KOOLIK, GARY
STREET ADDRESS	7900 GLADES RD. #510
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/07-80011-007 158.75

**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 of 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

**APR 24 2007**

Daytime Phone # \_\_\_\_\_

**Robert J. Schmier, Pres.**