# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2006 8:00 am**
**Secretary of State**
04-05-2006 90159 035 ***150.00

DOCUMENT # P99000079430

1. Entity Name
BMI QUALITY HOMES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1323 B CAPE CORAL, PKWY EAST<br>CAPE CORAL, FL 33904 | 1323 B CAPE CORAL, PKWY EAST<br>CAPE CORAL, FL 33904 |

66011801

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

HILL, THOMAS W
1318 LAFAYETTE STREET
CAPE CORAL, FL 33904

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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 | PD |
| NAME | MEINS, HARTMUT |
| STREET ADDRESS | 1323 B CAPE CORAL, PKWY EAST |
| CITY-ST-ZIP | CAPE CORAL, FL 339049606 |
| TITLE | STD |
| NAME | BERGER MEINS, ANGELIKA |
| STREET ADDRESS | 1323 B CAPE CORAL, PKWY EAST |
| CITY-ST-ZIP | CAPE CORAL, FL 339049606 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| 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 Wiell 04/17/06 239-549-5400
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

66011801

#P9600079435

BMI OF SOUTHWEST FLORIDA INC
LIC. REAL ESTATE BROKER
ESCROW ACCOUNT
1323-B CAPE CORAL PKWY E 941-549-5400
CAPE CORAL, FL 33904-6606

02/28/06

7072

63-215/631

Fl. Dep. of State Div. of Corp.

BAL FORD
THIS ITEM 15.00
BALANCE
DEPOSIT
OTHER
BAL FORD

SUNTRUST ACH RT 061000104

FEI# 65-0873649

[redacted]

NOT NEGOTIABLE