

MAY-01-2007 02:09

WIEBEL HENNELLS CARUFE PA

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P99000081936	
1. Entity Name BODEWEST, INC.	

Principal Place of Business
26107 HICKORY BLVD
BONITA SPRINGS, FL 34134Mailing Address
26107 HICKORY BLVD
BONITA SPRINGS, FL 34134

04282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0955074	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered AgentBODE, MICHAEL M
26107 HICKORY BLVD
BONITA SPRINGS, FL 34134**DO NOT WRITE
IN THIS SPACE**

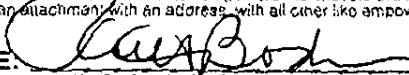
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) 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	PSTD
NAME	BODE, MICHAEL M
STREET ADDRESS	11817 FOREST MERE DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	VD
NAME	BODE, RUTH A
STREET ADDRESS	11817 FOREST MERE DR
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
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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05/23/07-80095-002 1501.00**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 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR5/1/07 239-992-0911
Date Civilian Phone #