

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000081936

Entity Name: BODEWEST, INC.

**FILED**  
**Feb 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

27080 RUE DE PAIX  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

27080 RUE DE PAIX  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 65-0955074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BODE, MICHAEL M  
27080 RUE DE PAIX  
BONITA SPRINGS, FL 34135 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: BODE, MICHAEL M  
Address: 27080 RUE DE PAIX  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VD  
Name: BODE, RUTH A  
Address: 27080 RUE DE PAIX  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL M BODE

PRES

02/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date