

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S00695

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: B.P. DEVELOPMENT SOUTHWEST, INC.

**Current Principal Place of Business:**

18631 CESSNA DRIVE  
N. FT. MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

18631 CRESSNA DR  
NORTH FORT MYERS, FL 33917

**New Mailing Address:**

FEI Number: 65-0215380

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POVIA, LAWRENCE  
18631 CESSNA DRIVE  
N. FT. MYERS, FL 33917 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: POVIA, LAWRENCE,  
Address: 18631 CESSNA DRIVE  
City-St-Zip: N. FORT MYERS, FL 33917

Title: C ( ) Delete  
Name: BYLE, RICHARD C  
Address: 343 MORSE PLAZA  
City-St-Zip: FORT MYERS, FL 33905

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAWRENCE POVIA

PRES

03/20/2009

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

\_\_\_\_\_  
Date