## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P03000071204** 

1. Entity Name SWBPUB, INC.

Principal Place of Business

300 SE 2ND STREET FORT LAUDERDALE, FL 33301 Mailing Address

300 SE 2ND STREET

FORT LAUDERDALE, FL 33301

## FILED Apr 13, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

01092006 No

No Chg-P

CR2E034 (11/05)

4. FEI Number 54-2117555

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

JONES, PATRICIA 300 SE 2ND STREET 8TH FLOOR FORT LAUDERDALE, FL 33301

## DO NOT WRITE IN THIS SPACE

					_
	e named entity submits this statement for the patient of registered agent.	ourpose of changing its registered	affice or r	egistered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.					<u> </u>
	Signature, typed or printed name of registered agent and title	it applicable. (NOTE: Registered A	igent signature	required when reinstating)	OATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financi     Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	
tū.	OFFICERS AND DIREC	CTORS		<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STILES, TERRY W 300 SE 2ND STREET FORT LAUDERDALE, FL 33301			U00000\$06832 04/27/06-8003 <b>9-</b> 009 1 <b>50.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT EAGON, DOUGLAS P 300 SE 2ND STREET FORT LAUDERDALE, FL 33301	ET .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, PATRICIA 300 SE 2ND STREET FORT LAUDERDALE, FL 33301			DO I	NOT WRITE
TITLE NAME STREET ADDRESS CTTY-ST-ZIP	V PALMER, STEPHEN R 300 SE 2ND STREET FORT LAUDERDALE, FL 33301			IN TH	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STINE, JAMES W 300 SE 2ND STREET FORT LAUDERDALE, FL 33301			;	
TITLE	l v	2			

12. Thereby 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 impowered.

SIGNATURE:

NAME

CITY-ST-ZIP

FERRERA, ROCCO

FORT LAUDERDALE, FL 33301

STREET ADDRESS 4 300 SE 2ND STREET

IGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

110/06

954/627-930

Daytime Phone i