

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081642

FILED  
May 06, 2009  
Secretary of State

Entity Name: M D ENTERPRISES INC. OF S W F

**Current Principal Place of Business:**

3727 PROSPECT AVE.  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

3727 PROSPECT AVE.  
NAPLES, FL 34104

**New Mailing Address:**

FEI Number: 20-1182617      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCFARLANE, MICHAEL  
3727 PROSPECT AVE.  
NAPLES, FL 34104    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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCFARLANE, MICHAEL  
Address: 1991 5TH ST S  
City-St-Zip: NAPLES, FL 34102

Title: S (X) Delete  
Name: LANDERS, SETH  
Address: 1210 11TH ST SW  
City-St-Zip: NAPLES, FL 34117

Title: VP ( ) Delete  
Name: RAVELO, ORLANDO  
Address: 5885 SHADY OAKS LANE  
City-St-Zip: NAPLES, FL 34119

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

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

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: MICHAEL MCFARLANE

P

05/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date