


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90081 045 \*\*\*150.00

<b>DOCUMENT # 568663</b> 1. Entity Name <b>SOUTHWEST FLORIDA CAPITAL CORPORATION</b>	
--	---

Principal Place of Business <b>19091 TAMIAMI TRAIL S.E. FT. MYERS, FL 33908</b>	Mailing Address <b>19091 TAMIAMI TRAIL S.E. FT. MYERS, FL 33908</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1812142</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FREEMAN, ALAN C. 19091 TAMIAMI TRAIL SE FORT MYERS, FL 33908</b>	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FREEMAN, ALAN C 19091 TAMIAMI TRAIL SE FORT MYERS, FL 33908</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD <b>FREEMAN, PAUL H 1840 W 49 STREET SUITE 410 HIALEAH, FL 33012</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>FREEMAN, NEIL D 320 W HURON ST, SUITE 500 W CHICAGO, IL 60610</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Neil D. Freeman 350 West Erie, Suite # 150 Chicago, IL 60610</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Alan C. Freeman **ALAN C. FREEMAN** 7/10/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #