2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 568663

Jan 14, 2009 Secretary of State

Entity Name: SOUTHWEST FLORIDA CAPITAL CORPORATION

Current Principal Place of Business: New Principal Place of Business:

19091 TAMIAMI TRAIL S.E. 17041 ALICO COMMERCE COURT FT. MYERS, FL 33908 SUITE 1

FORT MYERS, FL 33967

Current Mailing Address: New Mailing Address:

19091 TAMIAMI TRAIL S.E. 17041 ALICO COMMERCE COURT FT. MYERS, FL 33908 SUITE 1

FORT MYERS, FL 33967 US

FEI Number: 59-1812142 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FREEMAN, PAUL H FREEMAN, PAUL H 19091 TAMIAMI TRAIL SE 17041 ALICO COMMERCE COURT

FORT MYERS, FL 33908 US SUITE 1 FORT MYERS, FL 33967 US

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: 01/14/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

Title: () Delete Title: (X) Change () Addition

FREEMAN, ALAN C FREEMAN, ALAN C Name: Name: 17041 ALICO COMMERCE COURT, STE. 1 19091 TAMIAMI TRAIL SE Address: Address:

City-St-Zip: FORT MYERS, FL 33908 City-St-Zip: FORT MYERS, FL 33967 US

() Delete Title: VSTD Title: **VSTD** (X) Change () Addition

Name: FREEMAN, PAUL H Name: FREEMAN, PAUL H

1840 W 49 STREET SUITE 410 1840 W 49 STREET SUITE 410 Address: Address: HIALEAH, FL 33012 HIALEAH, FL 33012 US City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: VD () Delete VD FREEMAN, NEIL D Name: FREEMAN, NEIL D Name:

350 WEST ERIE, SUITE 150 520 WEST ERIE STREET, SUITE 300 S Address: Address:

City-St-Zip: CHICAGO, IL 60610 City-St-Zip: CHICAGO, IL 60610 US

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: ALAN C. FREEMAN PD 01/14/2009