

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726303

FILED  
Jan 22, 2006  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA ASSOCIATION OF INSURANCE & FINANCIAL ADVISORS, INC.

**Current Principal Place of Business:**

18449 PHLOX DR  
FT. MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2337  
FORT MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 23-7317697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASELL, BRIAN  
6017 PINE RIDGE RD  
#254  
NAPLES, FL 34119 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

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: KIRK, ED  
Address: 5303 SW 28TH PL  
City-St-Zip: CAPE CORAL, FL 33914

Title: PD ( ) Delete  
Name: HARDIN, R MARK  
Address: 2575 TOLEDO BLADE #1  
City-St-Zip: NORTH PORT, FL 34286

Title: D ( ) Delete  
Name: CASELL, BRIAN  
Address: 6017 PINE RIDGE RD #254  
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED KIRK

S/T

01/22/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date