

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # F06000007810

1. Entity Name
SMWC, INC.



Principal Place of Business
**11450 SE DIXIE HWY., SUITE 203
HOBE SOUND, FL 33455**

Mailing Address
**11450 SE DIXIE HWY., SUITE 203
HOBE SOUND, FL 33455**



02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3600503

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASPERSEN, FINN M
11450 SE DIXIE HWY., SUITE 203
HOBE SOUND, FL 33455**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000853151
03/26/08-80053-025 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CASPERSEN, SAMUEL M
STREET ADDRESS 11450 SE DIXIE HWY., SUITE 203
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE C
NAME CASPERSEN, FINN M
STREET ADDRESS 11450 SE DIXIE HWY., SUITE 203
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE VD
NAME CASPERSEN, BARBARA M
STREET ADDRESS 11450 SE DIXIE HWY., SUITE 203
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE TS
NAME KEEGAN, LUCILLE F
STREET ADDRESS 11450 SE DIXIE HWY., SUITE 203
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE VD
NAME WARREN, WILLIAM B
STREET ADDRESS 11450 SE DIXIE HWY., SUITE 203
CITY-ST-ZIP HOBE SOUND, FL 33455

TITLE VAS
NAME CASPERSEN, ERIK M
STREET ADDRESS 11450 SE DIXIE HWY., SUITE 203
CITY-ST-ZIP HOBE SOUND, FL 33455

**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 errors corrected.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-08 772-545-9028