

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90236 025 ***150.00

DOCUMENT # G33036 1. Entity Name SWOPE, RODANTE P.A.	
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Principal Place of Business 1234 E 5TH AVE TAMPA FL 33605 US	Mailing Address 1234 E 5TH AVE TAMPA FL 33605 US
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DO NOT WRITE IN THIS SPACE

(G33036 ===== P)

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2275153	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SWOPE, DALE M
1234 E 5TH AVE
TAMPA, FL 33605

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

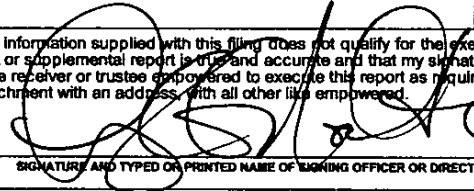
FILE NOW!!! FEE IS \$150.00? After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD / Treasurer SWOPE, DALE M. 1234 5TH AVE (1234 E. 5th Ave) TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Angela Rodante 1234 E. 5th Ave Tampa, FL 33605
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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:  **ANGELA E. RODANTE** 1/9/06 2730017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #