

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M44070**

1. Entity Name  
**SOUTHWEST FLORIDA BUILDING GROUP, INC.**



Principal Place of Business

**C/O PAUL H. FREEMAN  
19091 TAMiami TRAIL SE  
FT MYERS, FL 33908**

Mailing Address

**C/O PAUL H. FREEMAN  
19091 TAMiami TRAIL SE  
FT MYERS, FL 33908**



01292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2784129</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**FREEMAN, PAUL H.  
19091 TAMiami TRAIL S.E.  
FT. MYERS, FL 33908**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	FREEMAN, PAUL H.
STREET ADDRESS	19091 TAMiami TRAIL S.E.
CITY - ST - ZIP	FORT MYERS, FL 33908

TITLE	DP
NAME	FREEMAN, ALAN C.
STREET ADDRESS	19091 TAMiami TRAIL SE
CITY - ST - ZIP	FT MYERS, FL 33908

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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03/13/07-80084-012 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALAN C. FREEMAN, PRESIDENT**

Date

**3/1/07**

Daytime Phone #