

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002704

FILED  
Apr 10, 2008  
Secretary of State

**Entity Name:** COLLABORATIVE LAWYERS OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

3949 EVANS AVE STE 206  
FT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3949 EVANS AVE STE 206  
FT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 65-1124415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

THOMPSON, STEPHEN D  
3949 EVANS AVE STE 206  
FT MYERS, FL 33901 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: PD ( ) Delete  
Name: THOMPSON, STEPHEN D  
Address: 3949 EVANS AVENUE, STE 206  
City-St-Zip: FT. MYERS, FL 33901

Title: SD ( ) Delete  
Name: KANE, JO ELLEN  
Address: 3949 EVANS AVENUE, STE 206  
City-St-Zip: FT. MYERS, FL 33901

Title: D ( ) Delete  
Name: DELIZIA, CAROLYN  
Address: 3949 EVANS AVE STE 206  
City-St-Zip: FORT MYERS, FL 33901

**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 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: STEPHEN D THOMPSON

PD

04/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date