

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17309

Entity Name: SAWCC, INC.

FILED
Feb 24, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 10102
NAPLES, FL 34101 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10102
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2752895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FISHBANE, JONATHAN D ESQ.
ROETZEL AND ADDRESS
850 PARK SHORE DRIVE
NAPLES, FL 34103 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: PRES () Delete
Name: RULE, WILLIAM
Address: 2170 48TH STREET SW
City-St-Zip: NAPLES, FL 34116

Title: SECY () Delete
Name: SEWELL, DINA
Address: 241 CARICA ROAD
City-St-Zip: NAPLES, FL 34108

Title: VP () Delete
Name: JESSEE, JAMES
Address: 1111 SPYGLASS LANE
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: FERGUSON, TIM
Address: 2161 SHADOWLAWN DRIVE
City-St-Zip: NAPLES, FL 34112

Title: CEO () Delete
Name: HERRMANN, KATHY
Address: P. O. BOX 10102
City-St-Zip: NAPLES, FL 34101

Title: TREA (X) Delete
Name: KELLER, DANIEL
Address: 1167 THIRD STREET SOUTH
City-St-Zip: NAPLES, FL 34102

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:

Title: TREA (X) Change () Addition
Name: SHUCKHART, ALMA
Address: 3399 BINNACLE DRIVE
City-St-Zip: NAPLES, FL 34108

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: KATHY HERRMANN

CEO

02/24/2006

Electronic Signature of Signing Officer or Director

Date