

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000003933

1. Entity Name
SIWEL, INC.



Principal Place of Business

**118-11924 FOREST HILL BLVD, SUITE 22
WELLINGTON, FL 33414**

Mailing Address

**118-11924 FOREST HILL BLVD, SUITE 22
WELLINGTON, FL 33414**



03102006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2290045

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCNAIR, LINDA
11924 FOREST HILL BLVD STE 22 PMB-118
WELLINGTON, FL 33414**

**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 remaining)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**PD
MCNAIR, LINDA
11924 FOREST HILL BLVD STE 22 PMB-118
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**SD
LEWIS, R.W.
PO BOX 8502
DEERFIELD BEACH, FL 33443**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**DT
ROBERSON, MARKUS
8818 BAY POINT DR
MACON, GA 31220**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000501079
04/25/06-80047-015 8.75
U00000501079
04/25/06-80047-016 61.25

**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 617, 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:

Linda McNair-Linda McNair-President

3/15/2006

(501) 791-8592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/End Phone #