

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90002 030 ***150.00

DOCUMENT # P00000068766

1. Entity Name
SOUTHWEST FLORIDA ROD & KUSTOM, INC.



Principal Place of Business
491 31ST NW
NAPLES, FL 34120

Mailing Address
491 31ST NW
NAPLES, FL 34120

2. Principal Place of Business
3511 Plover Ave.

3. Mailing Address
3511 Plover Ave

Suite, Apt. #, etc.
Suite 107

Suite, Apt. #, etc.
Suite 107

City & State
Naples, FL

City & State
Naples, FL

Zip
34117

Country
USA

Zip
34117

Country
USA

02132006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3658979

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLNY, LARRY A
491 31ST NW
NAPLES, FL 34120

7. Name and Address of New Registered Agent

Name
Larry A. Wolny

Street Address (P.O. Box Number is Not Acceptable)

3511 Plover Ave Suite 107

City
Naples

FL

Zip Code
34117

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

2/02/06

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVP
WOLNY, LARRY A
491 31ST STREET N.W.
NAPLES, FL 34120 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVP
Larry A. Wolny ☒ Change ☐ Addition
3511 Plover Ave Suite 107
Naples, FL 34117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

2/02/06 239-659-1555

Date

Daytime Phone #