

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P01000063322

1. Entity Name
SHAROAN B. SWIDLER, P.A.



Principal Place of Business
**14810 RUE DE BAYONNE, #2B
CLEARWATER, FL 33762**

Mailing Address
**14810 RUE DE BAYONNE, #2B
CLEARWATER, FL 33762**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3727492	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALES, LARRY J
TEW, BARNES & ATKINSON, L.L.P.
2655 MCCORMICK DR.
CLEARWATER, FL 33759**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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**

**U00000754451
05/22/07-80062-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SWIDLER, SHAROAN B
STREET ADDRESS	14810 RUE DE BAYONNE, #2B
CITY- ST- ZIP	CLEARWATER, FL 33762

TITLE	
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STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

**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:

SHAROAN B. SWIDLER, PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-07
Date

727-573-2345
Daytime Phone #