

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091760

Entity Name: SMW PROPERTIES, INC.

FILED  
Apr 26, 2011  
Secretary of State

**Current Principal Place of Business:**

11 BYRSONIMA CT. W.  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

7 BYRSONIMA CT. W.  
HOMOSASSA, FL 34446

**Current Mailing Address:**

11 BYRSONIMA CT. W.  
HOMOSASSA, FL 34446

**New Mailing Address:**

7 BYRSONIMA CT. W.  
HOMOSASSA, FL 34446

FEI Number: 65-1136781

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PONTICOS, STEPHAN E  
7 BYRSONIMA CT. W.  
HOMOSASSA, FL 34446 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: DC  
Name: PONTICOS, STEPHAN E  
Address: 7 BYRSONIMA CT. W.  
City-St-Zip: HOMOSASSA, FL 34446

Title: VD  
Name: TATE, LARRY L  
Address: 11 BYRSONIMA CT W  
City-St-Zip: HOMOSASSA, FL 34446

Title: PD  
Name: PONTICOS, NANCY S  
Address: 7 BYRSONIMA CT. W.  
City-St-Zip: HOMOSASSA, FL 34446

Title: STD  
Name: TATE, BARBARA J  
Address: 11 BYRSONIMA CT W  
City-St-Zip: HOMOSASSA, FL 34446

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHAN E PONTICOS

D

04/26/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date