


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

5 **FILED**  
**Jul 03, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90228 035 \*\*\*150.00

**DOCUMENT # P02000110873**

1. Entity Name  
**S & W COUNTRY GARDENS, INC.**



Principal Place of Business <b>2001 SW 16TH STREET          GAINESVILLE, FL 32608</b>	Mailing Address <b>901 NW 8TH AVE.          SUITE B-6          GAINESVILLE, FL 32601</b>
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**DO NOT WRITE IN THIS SPACE**

01232006 No Chg-P CR2E034 (11/05)



4. FEI Number <b>68-0533880</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SILBER, NETTY  
 2130 NW 24TH AVE.  
 GAINESVILLE, FL 32605**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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	P SILBER, NETTY 2130 NW 24TH AVE. GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAGNER, WILLIAM 3311 OTTAWA LANE COOPER CITY, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_