

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000129068

Entity Name: SOUTH WEST FLORIDA LAND, CO

FILED  
Mar 05, 2007  
Secretary of State

## Current Principal Place of Business:

517 PAUL MORRIS DR  
C4-2  
ENGLEWOOD, FL 34223 US

## New Principal Place of Business:

13 SEAWARD CIR  
PLACIDA, FL 33946 US

## Current Mailing Address:

517 PAUL MORRIS DR  
C4-2  
ENGLEWOOD, FL 34223 US

## New Mailing Address:

PO BOX 3789  
PLACIDA, FL 33946 US

FEI Number: 54-2100446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FLYNN, SARAH A SR  
517 PAUL MORRIS DR  
C4-2  
ENGLEWOOD, FL 34223 US

## Name and Address of New Registered Agent:

FLYNN, SARAH A  
13 SEAWARD CIR  
PLACIDA, FL 33946 US

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: SARAH FLYNN

03/05/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FLYNN, BRANDON W SR.  
Address: 13 SEAWARD CIR  
City-St-Zip: PLACIDA, FL 34223 US

Title: VP ( ) Delete  
Name: FLYNN, SARAH A SR  
Address: 13 SEAWARD CIR  
City-St-Zip: ENGLEWOOD, FL 34223 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: FLYNN, SARAH A SR  
Address: 13 SEAWARD CIR  
City-St-Zip: PLACIDA, FL 33946 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: SARAH FLYNN

VP

03/05/2007

Electronic Signature of Signing Officer or Director

Date