2008 FOR PROFIT CORPORATION FILED ANNUAL REPORT Feb 01, 2008 08:00 AN Secretary of State DOCUMENT # P03000025260 CSJ OF SWFL, INC. Principal Place of Business Mailing Address 15804 BROTHERS COURT 15804 BROTHERS COURT FT MYERS, FL 33912 FT MYERS, FL 33912 01102008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 05-0559926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JONES, CAROLYN S DO NOT WRITE 15804 BROTHERS COURT IN THIS SPACE FT MYERS, FL 33912 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE **PVTS** JONES, CAROLYN S NAME 15804 BROTHERS COURT STREET ADDRESS CITY-ST-ZIP FT MYERS, FL 33912 TITLE U00000809767 02/08/08-80035-008 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 attactment with an address, with all-other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS

WOLF S. AL

R OR DIRECTOR

Joves of

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