

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

08-15-2006 90004 044 \*\*\*550.00

40101606



05042006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P03000033287</b> 1. Entity Name RESIDENTIAL CONCEPTS OF SW FLORIDA INC.																																							
Principal Place of Business 1621 N TAMiami TRAIL UNIT 3 N FT MYERS, FL 33903		Mailing Address 1621 N TAMiami TRAIL UNIT 3 N FT MYERS, FL 33903																																					
2. Principal Place of Business 15431 CRYSTAL LAKE DR.		3. Mailing Address 15431 CRYSTAL LAKE DR.																																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																					
City & State N. FORT MYERS, FL.		City & State N. FORT MYERS, FL.																																					
Zip 33917		Zip 33917																																					
Country LEE		Country LEE																																					
4. FEI Number 01-0773854		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent  SANFILIPPO, ANTHONY 1621 N TAMiami TRAIL UNIT 3 N FT MYERS, FL 33903		7. Name and Address of New Registered Agent Name: ANTHONY SANFILIPPO Street Address (P.O. Box Number is Not Acceptable): 15431 CRYSTAL LAKE DR City: N. FORT MYERS FL Zip Code: 33917																																					
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: ANTHONY SANFILIPPO <i>Anthony Sanfilippo</i> 5-4-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																							
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;">           P SANFILIPPO, ANTHONY 1621 N TAMiami TRAIL UNIT 3 N FT MYERS, FL 33903         </td> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2"> </td><td colspan="2"> </td></tr> <tr><td colspan="2"> </td><td colspan="2"> </td></tr> <tr><td colspan="2"> </td><td colspan="2"> </td></tr> <tr><td colspan="2"> </td><td colspan="2"> </td></tr> <tr><td colspan="2"> </td><td colspan="2"> </td></tr> <tr><td colspan="2"> </td><td colspan="2"> </td></tr> <tr><td colspan="2"> </td><td colspan="2"> </td></tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANFILIPPO, ANTHONY 1621 N TAMiami TRAIL UNIT 3 N FT MYERS, FL 33903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
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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 another like empowered. SIGNATURE: <i>Anthony Sanfilippo</i> ANTHONY SANFILIPPO 5-4-06 239-997-7600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																							