2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P03000058280** 04-14-2005 90117 012 ***150.00 TNA OF SOUTH WEST FLORIDA, INC. Principal Place of Business Mailing Address **5070 SUNBURY CT 5070 SUNBURY CT** 20033739 NAPLES, FL 34104 NAPLES, FL 34104 US Mailing Address 5016 Airport-Pulling Rd. 2. Principal Place of Business -Pulling Rd 03042005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 51-0468449 Not Applicable Collier \$8.75 Additional 5. Certificate of Status Desired \Box ollier Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEWART, JAMES C-JR Street Address (P.O. Box Number is Not Acceptable) 9180 GALLERIA COURT SUITE 700 NAPLES, FL 34109 Zip Code 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE TITLE ☐ Delete Change ☐ Addition JESSEN, ANDREW NAME NAME 5016 Airport-Pulling Rd Naples , FL 34105 **5070 SUNBURY CT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP Change TITLE DVP TITLE ☐ Delete Addition JESSEN, TERRI NAME 5016 Airport-Pulling Rd Naples, FL34105 5070 SUNBURY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE · · Delete TITLE -Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 it made under oath; that I am an officer or director of the corporation or the receiper 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 attachme with an address, with all other like empowered.

FILED

Apr 14, 2005 8:00 am