

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000058280

1. Entity Name
TNA OF SOUTH WEST FLORIDA, INC.



Principal Place of Business
5016 AIRPORT-PULLING RD
NAPLES, FL 34105 US

Mailing Address
5016 AIRPORT-PULLING RD
NAPLES, FL 34105 US



04142006 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0468449

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STEWART, JAMES C JR
9180 GALLERIA COURT
SUITE 700
NAPLES, FL 34109

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

U00000557568
05/17/06-80054-012 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME JESSEN, ANDREW
STREET ADDRESS 5016 AIRPORT-PULLING RD
CITY-ST-ZIP NAPLES, FL 34105

TITLE DVP
NAME JESSEN, TERRI
STREET ADDRESS 5016 AIRPORT-PULLING RD
CITY-ST-ZIP NAPLES, FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Terri Jessen Terri Jessen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 239-262-3600

Date

Daytime Phone #