

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000072113

FILED
May 08, 2006
Secretary of State

Entity Name: PERMITS, ETC. OF SW FLA, INC.

Current Principal Place of Business:

2244 HEMINGWAY DRIVE
G
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

2816 SW 29TH AVE
CAPE CORAL, FL 33914

New Mailing Address:

POB 50231
FORT MYERS, FL 33994

FEI Number: 33-1068451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SQUAREBRIGS, ANNA M
2816 SW 29TH AVENUE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

SQUAREBRIGS, ANNA M
2244 HEMINGWAY DRIVE #G
FORT MYERS, FL 33912 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:

05/08/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: SQUAREBRIGS, ANNA M
Address: 2816 SW 29TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: V (X) Delete
Name: SQUAREBRIGS, BRUCE E
Address: 2816 SW 29TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: S () Delete
Name: SCOFIELD, LISA M
Address: 487 LEMHURST AVE S
City-St-Zip: LEHIGH, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: SQUAREBRIGS, ANNA M R
Address: 2816 SW 29TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

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

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

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: ANNA M. R. SQUAREBRIGS

P

05/08/2006

Electronic Signature of Signing Officer or Director

Date