


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90032 015 ***150.00

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| DOCUMENT # P03000078827 | | | |  | |
| 1. Entity Name S&W CAR MAX, INC. | | | | | |
| Principal Place of Business 624 BEAL PKWY NW FT WALTON BCH, FL 32548 | | | Mailing Address 624 BEAL PKWY NW FT WALTON BCH, FL 32548 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 86-1070904 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CAMPBELL, JAMES C #4 11TH AVE STE 2 SHALIMAR, FL 32579 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P WEBSTER, JOANNE W 624 BEAL PKWY FT WALTON BCH, FL 32548 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | V. P. JUAN LEVI SANCHEZ 624 N. BEAL PKWY. FT WALTON BEACH, FL 32548 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | V. P. JACK WEBSTER 1919 DISTRICT LANE FT WALTON BEACH, FL 32549 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Delete <input type="checkbox"/> | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change <input type="checkbox"/> Addition <input type="checkbox"/> | |
| 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: <u>Joanne W. Webster, President</u> 1-3-06 (850) 862 0903 | | | | | |