

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90019 019 \*\*\*150.00

**DOCUMENT # P03000097071**

1. Entity Name  
**SOUTHWEST FLORIDA DREDGING, INC.**



Principal Place of Business

424-C SE 47TH TERRACE  
C  
CAPE CORAL, FL 33904 US

Mailing Address

424-C SE 47TH TERRACE  
C  
CAPE CORAL, FL 33904 US

2. Principal Place of Business - No P.O. Box #

**14240 BURNT STORE ROAD**

3. Mailing Address

**3015 SW PINE ISLAND RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#113-506**

City & State

**PUNTA GORDA, FL**

City & State

**CAPE CORAL, FL**

Zip

**33955**

Country

**U.S.**

Zip

**33991**

Country

**U.S.**

02082008

Chg-P

CR2E034 (12/06)

4. FEI Number

**20-0201089**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHENKEL, JOANN  
6440 TOPAZ COURT  
FORT MYERS, FL 33912**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCARTNEY, MICHAEL	
STREET ADDRESS	424-C SE 47TH TER.	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHENKEL, ROBERT	
STREET ADDRESS	6440 TOPAZ COURT	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	SHENKEL, JOANN	
STREET ADDRESS	6440 TOPAZ COURT	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTNEY, MICHAEL	
STREET ADDRESS	14240 BURNT STORE ROAD	
CITY-ST-ZIP	PUNTA GORDA, FL 33955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/24/08** (239) 945-7759