

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000122702

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** SKYDIVE SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

2212 NW 4TH TERRACE  
CAPE CORAL, FL 33993

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROBERT L. FELDMAN, ESQ.  
8900 SW 107 AVENUE #203  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 04-3779086      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FELDMAN, ROBERT L ESQ.  
8900 SW 107 AVENUE  
SUITE 203  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: TORGEIRSON, ROY  
Address: 2212 NW 4TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33993

Title: DS  
Name: TOURON, ANNE-LAURE  
Address: 2212 NW 4TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33993

I hereby 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 all other like empowered.

SIGNATURE: ROY TORGEIRSON

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04/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date