2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000039234

1. Entity Name

SOUTHWEST FLORIDA LAND CONSTRUCTION, INC.



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

340 N INDUSTRIAL LOOP LABELLE, FL 33935 340 N INDUSTRIAL LOOP LABELLE, FL 33935



DO NOT WRITE IN THIS SPACE

03162007 No Chg-P CR2E034 (11/05)

4. FEI Number
80-0099316 Applied For
Not Applicable

5. Certificate of Status Desired Sample Required
Fee Required

6. Name and Address of Current Registered Agent

FILINGS, INC. 3732 NW 16 ST FT LAUDERDALE, FL 33311

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 i	Jacobarda ANTE Decisioned	A cont signatur	(pritatation reinstating)	DATE
	Signature, typed or printed name or registered agent and this	RIDDICADIO. (NOTE: Hagistated	Agers signatur	Lodmen Assert toursterned)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Cempaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS ·			
TITLE NAME STREET ADDRESS CITY ST-ZIP	DPS EARNEST, TERRY 17144 CR 252 MC ALPIN, FL 32062	·	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NAYLOR, ANDREW 3811 E DOUBLE J ACRES ALVA, FL 33920				000000720972 05/01/07-80125-022 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					Should Statutes I further certify that the information

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

4-18-07

863-693-0856