

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000076055	
1. Entity Name SWHUS LAND CO., INC.	

Principal Place of Business 10130 BERTRAM LANE FORT MYERS FL 33912	Mailing Address 10130 BERTRAM LANE FORT MYERS FL 33912
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **20-1100583** ☐ Applied For
☐ Not Applied

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GRAVINA, PETER J
1833 HENDRY STREET
FORT MYERS FL 33901**

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: Type or print name of registered agent and title in application

(NOTE: Registered Agent signature required when renewing)

Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May
Trust Fund Contribution. ☐ Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PO ☐ Delete	TITLE	☐ Change ☐ Add
NAME	HEUTHER, CHARLES J	NAME	1800001454826
STREET ADDRESS	10130 BERTRAM LANE	STREET ADDRESS	11/18/06 80002 003 150.00
CITY-ST-ZIP	FORT MYERS FL 33912	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	☐ Change ☐ Add
NAME	HEUTHER, VIRGINIA	NAME	
STREET ADDRESS	10130 BERTRAM LANE	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Virginia Heuther 3/2/06 235-433-3367