

**ANNUAL REPORT**

DOCUMENT # P04000125810

1. Entity Name  
EAGLE PROPERTY MANAGEMENT OF SW FLORIDA,  
INC.Principal Place of Business  
1337 EGRET'S LANDING  
#102  
NAPLES, FL 34108 USMailing Address  
P.O. BOX 112260  
NAPLES, FL 34108 US**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90198 035 \*\*\*150.00

40069740



04042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
34-2013802Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**DO NOT WRITE IN THIS SPACE**

## 6. Name and Address of Current Registered Agent

SAMOUCÉ, MURRELL & GAL, P.A.  
800 LAUREL OAK DRIVE  
SUITE 300  
NAPLES, FL 34108**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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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
NAME	BLANCHARD, JOHN
STREET ADDRESS	1337 EGRET'S LANDING, #102
CITY- ST- ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 #

4-5-2007

239-596-5567