

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90023 050 ***150.00

DOCUMENT # P04000126433

1. Entity Name
SWITCH 4 SOLUTIONS, INC.



Principal Place of Business

~~920 EXHIBIT SOUTH~~
~~FL~~
~~JACKSONVILLE BEACH, FL 32250~~

Mailing Address

~~PO BOX 3636~~
~~PONTE VEDRA, FL 32004~~

50004425



2. Principal Place of Business
100 Executive Way

3. Mailing Address
100 Executive Way

Suite, Apt. #, etc.
214

Suite, Apt. #, etc.
214

03132006 Chg-P CR2E034 (11/05)

City & State
Ponte Vedra Beach, FL

City & State
Ponte Vedra Beach, FL

4. FEI Number
20-1560224

Applied For
Not Applicable

Zip
32082

Country
USA

Zip
32082

Country
USA

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

6. Name and Address of Current Registered Agent

OGDEN, EVERETT L
~~920 EXHIBIT SOUTH~~
~~JACKSONVILLE BEACH, FL 32250~~

7. Name and Address of New Registered Agent

Name
Everett L. Ogden

Street Address (P.O. Box Number is Not Acceptable)
100 Executive Way, Suite 214

City
Ponte Vedra Beach FL Zip Code
32082

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

3/20/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
OGDEN, EVERETT L ☐ Delete
~~920 EXHIBIT SOUTH~~
~~JACKSONVILLE BEACH, FL 32250~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ogden, Everett L. ☒ Change ☐ Addition
P. O. Box 3636
Ponte Vedra Beach, FL 32004

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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

Everett L. Ogden

3/20/06 904-285-8266

Date Daytime Phone #