


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 10, 2008 08:00 AM
Secretary of State**

DOCUMENT # P05000000046		
1. Entity Name SOUTHWEST & TROPICAL, INC.		
Principal Place of Business 5635 STATE RD 54 NEW PORT RICHEY, FL 34652		Mailing Address 5635 STATE RD 54 NEW PORT RICHEY, FL 34652
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent HERBINGER, DOROTHY A 5635 STATE RD 54 NEW PORT RICHEY, FL 34652		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HERBINGER, DOROTHY A 5708 IMPERIAL KEY TAMPA, FL 33615	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERBINGER, REINHOLD J 5708 IMPERIAL KEY TAMPA, FL 33615	
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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: <u><i>Dorothy A. Herbingen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/7/08</u> <u>727-848-9536</u> <small>Date Daytime Phone #</small>



04072008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2086589	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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04/22/08-80042-012 150.00

**DO NOT WRITE
IN THIS SPACE**