

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90390 030 ***150.00

DOCUMENT # P05000028273

1. Entity Name
S.W. EQUIPMENT INC.



Principal Place of Business
4245 16 ST NE
NAPLES, FL 34120

Mailing Address
4245 16 ST NE
NAPLES, FL 34120

60023545



03302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
3950 31st Ave NE
Suite, Apt. #, etc.

3. Mailing Address
3950 31st Ave NE
Suite, Apt. #, etc.

City & State
NAPLES FL
Zip
34120
Country
USA

City & State
NAPLES, FL
Zip
34120
Country
USA

4. FEI Number
56-2503465
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, WAYNE
4245 16 ST NE
NAPLES, FL 34120

7. Name and Address of New Registered Agent

Name
SAMUEL L. RODRIGUEZ
Street Address (P.O. Box Number is Not Acceptable)
3950 31st Ave NE
City
NAPLES FL Zip Code
34120

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

3-30-06

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	GONZALEZ, WAYNE	<input checked="" type="checkbox"/> Delete
NAME	4245 16 ST NE	
STREET ADDRESS	NAPLES, FL 34120	
CITY-ST-ZIP		
TITLE	P/SIT/O	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, SAMIL L	
STREET ADDRESS	4245 16 ST NE 3950 31st Ave NE	
CITY-ST-ZIP	NAPLES, FL 34120 NAPLES, FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3-30-06

Date

Daytime Phone #