

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000082889

Entity Name: N.V. OF SW FLORIDA, INC.

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1333 #A CAPE CORAL PKY  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

4337 SW 1ST PLACE  
CAPE CORAL, FL 33914

**New Mailing Address:**

1333 #A CAPE CORAL PKY  
CAPE CORAL, FL 33904

FEI Number: 20-2983352

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAYLOR, FELICIA  
4337 SW 1ST PLACE  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: TAYLOR, FELICIA  
Address: 4337 SW 1ST PLACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: PD  
Name: WYSONG, ISABEL  
Address: 4337 SW 1ST PLACE  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FELICIA TAYLOR

STD

04/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date