## **2006 FOR PROFIT CORPORATION**

SIGNATURE:

## Jul 10, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P05000084381** 07-10-2006 90025 009 \*\*\*150.00 1. Entity Name SW ARBOR-TECH TEAM.338, INC. Principal Place of Business Mailing Address 50021945 14227 CASCORA CT. 14227 CASCORA CT. SPRING HILL, FL 34609 SPRING HILL, FL 34609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07042006 Chg-P CR2E034 (11/05) City & State 4. FEI Number City & State Applied For 59-3807842 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YATES, JONATHAN J 14227 CASCORA CT. Street Address (P.O. Box Number is Not Acceptable) SPRING HILL, FL 34609 Zip Code 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 it applicable. (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 6, 2006 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ΠRE ☐ Defete TITLE Change ☐ Addition YATES, JONATHAN J NAME NAME STREET ADDRESS 14227 CASCORA CT. STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP TITLE Oelete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLF ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 in changed, or on an attachment with an address, with all other like sympowered.

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