


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90001 047 \*\*\*150.00

<b>DOCUMENT # P05000140521</b>	
1. Entity Name SOUTHWEST FLORIDA ASSOCIATES, INC.	

Principal Place of Business 7422 S. TAMiami TRAIL SARASOTA, FL 34241	Mailing Address P. O. BOX 5668 SARASOTA, FL 34277
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DO NOT WRITE IN THIS SPACE

400000



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3705450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  KNOWLES, CHARLES 4034 ROBERTS PT ROAD SARASOTA, FL 34242
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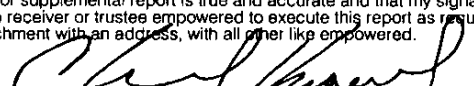
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOWLES, CHARLES P. O. BOX 5668 SARASOTA, FL 34277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS GUENTNER, BRIAN P. O. BOX 5668 SARASOTA, FL 34277
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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: 	2-09-08 941-349-6400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>