


FILED
Apr 30, 2007 8:00 am
Secretary of State

04-16-2007 90056 016 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000087730					
1. Entity Name SW BAY MANAGEMENT, INC.					
Principal Place of Business 601 ELKCAM CIRCLE EAST B-3 MARCO ISLAND, FL 34145			Mailing Address 601 ELKCAM CIRCLE EAST B-3 MARCO ISLAND, FL 34145		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-5704909				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 HAUBER, ROLAND 1195 WHITEHEART COURT MARCO ISLAND, FL 34145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <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, 2007 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMPTON, JEFFREY		NAME		
STREET ADDRESS	601 ELKCAM CIRCLE EAST, B-3		STREET ADDRESS		
CITY- ST- ZIP	MARCO ISLAND, FL 34145		CITY- ST- ZIP		
TITLE	VPO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMPTON, BARBARA		NAME		
STREET ADDRESS	601 ELKCAM CIRCLE EAST, B-3		STREET ADDRESS		
CITY- ST- ZIP	MARCO ISLAND, FL 34145		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COMPTON, RONALD		NAME		
STREET ADDRESS	601 ELKCAM CIRCLE EAST, B-3		STREET ADDRESS		
CITY- ST- ZIP	MARCO ISLAND, FL 34145		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAUBER, SANDRA		NAME		
STREET ADDRESS	1195 WHITEHEART COURT		STREET ADDRESS		
CITY- ST- ZIP	MARCO ISLAND, FL 34145		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: <i>X. Sandra Compton</i>			Date: 4/12/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone: 239-394-2494		