

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90113 009 ***150.00

DOCUMENT # P06000112134

1. Entity Name

SJM MANAGEMENT OF SOUTHWEST FLORIDA, INC.



Principal Place of Business

2169 10TH ST.
SARASOTA FL 34237

Mailing Address

2169 10TH ST.
SARASOTA FL 34237



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

20-5453480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

BROWNING, ROBERT W JR.
ONE NORTH TUTTLE AVE.
SARASOTA FL 34237

7. Name and Address of New Registered Agent

Name Scott E. Mintz

Street Address (P.O. Box Number is Not Acceptable)

2169 10th St.

City Sarasota

FL

Zip Code 34237

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

Scott E. Mintz

Scott E. Mintz, President

4/23/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
MINTZ, SCOTT E
2169 10TH ST.
SARASOTA FL 34237 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
MINTZ, JOY
2169 10TH ST.
SARASOTA FL 34237 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Scott E. Mintz

Scott E. Mintz

4/23/07

941-365-8922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #