## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **Secretary of State** 02-22-2008 90010 023 \*\*\*150.00 DOCUMENT # P06000124049 🛝 📜 SWB MANAGEMENT, INC. 40029854 Principal Place of Business Mailing Address SCOTT BROCIOUS SCOTT BROCIOUS 2043 TRADE CENTER WAY 2043 TRADE CENTER WAY NAPLES, FL 34109 US NAPLES, FL 34109 US No Cha-P CR2E034 (11/05) 01232008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5693085 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCGOWAN, LUCARELLI & QUINN, P.A. DO NOT WRITE 307 AIRPORT PULLING RD NAPLES, FL 34104 IN THIS SPACE 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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BROCIOUS, SCOTT NAME STREET ADDRESS 2043 TRADE CENTER WAY NAPLES, FL 34109 CITY-ST-ZIP TITLE NAME: STREET ADDRESS CITY-ST-ZIP TITLE-NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 of trustee empoyered 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: S

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** Feb 22, 2008 8:00 am