

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90057 043 ***150.00

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1. Entity Name
SOUTHWEST FLORIDA WEALTH GROUP, INC.



Principal Place of Business
27499 RIVERVIEW CENTER BLVD
STE 103
BONITA SPRINGS, FL 34134 US

Mailing Address
27499 RIVERVIEW CENTER BLVD
STE 103
BONITA SPRINGS, FL 34134 US

40001732



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
3442 Marbella Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-P CR2E034 (12/06)

City & State

City & State
Bonita Springs, FL

4. FEI Number
20-5689031

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINN, GUY
27499 RIVERVIEW CENTER BLVD
STE 103
BONITA SPRINGS, FL 34134

Name

Street Address (P.O. Box Number is Not Acceptable)
3442 Marbella Ct.

City

Bonita Springs

FL

Zip Code

34134

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
P.D.
QUINN, GUY
STREET ADDRESS
27499 RIVERVIEW CENTER BLVD STE 103
CITY-ST-ZIP
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3442 Marbella Ct.
BONITA SPRINGS, FL 34134

TITLE
NAME
STD
SKELTON, DON
STREET ADDRESS
27499 RIVERVIEW CENTER BLVD
CITY-ST-ZIP
BONITA SPRINGS, FL 34134

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-07 239-444-3100