2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 04, 2008 8:00 am Secretary of State

DOCUMENT # P06000146239 1. Entity Name ATRIUM OF SW FLORIDA, INC.					04-04-2008 90030 016 ***150.00				
Principal Plac	a of Rusiness		-						
Principal Place of Business Mailing Address 2771 TEAL CT 2771 TEAL CT									
	Y, FL 33966	ST JAMES CITY, FL 33966							
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Principal Place of Business - No P.O. Box # Mailing Address					-				
					BBIIB BIILI 6911 4.01 BBI			LD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03252008	Chg-P	CR2E0	34 (12/06)	
City & State		City & State			4. FEI Numbe	,		I IAn	plied For
					94-2309			— 	t Applicable
Zip	Country Zip Cour		try	5. Certificate	of Status Desired		\$8.75 Add		
	6. Name and Address of Current	Registered Agent	<u> </u>	T	7 Name and	Address of New D		Fee Required	1
···	v. Name and Addition of Carrell	7. Name and Address of New Registered Agent Name							
PEEL, KELLY C				Count Address (D.O. Day M. sub-said Alan Assantable)					
2323 TARPON RD NAPLES, FL 34102				Street Address (P.O. Box Number is Not Acceptable)					
14AF LEG, FE 34 102									
				City			FL	Zip Code)
O The share and a life the last the las					h :- 1h - Crass -/ Fla		•		
 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 bitle if applicable. [NOTE: Registered Agent signature required when reinstating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campa Trust Fund Con	_		.00 May Be led to Fees				
10.	OFFICERS AND	<u> </u>	11. TITL		· ADDITIONS/	CHANGES TO OFF	ICERS AND		S IN 11
NAME	LIDDELL, NORMAN	☐ Delete	NAM	•				☐ Change	Magniph
STREET ADDRESS	2771 TEAL CT			EET ADDRESS					
CITY-SI-ZIP	ST JAMES CITY, FL 33966		CITY	-ST-ZIP					
TITLE	TD	☐ Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS	PEEL, KELLY C 2323 TARPON RD		NAM	ie Eet address					
CITY-ST-ZIP	"NAPLES, FL 34102			-ST-ZIP					
TITLE		☐ Delete	TITL					Change	☐ Addition
NAME			NAM	ie					·.—
STREET ADORESS				EET ADDRESS					
CITY-ST-ZIP				-S1-ZIP				F73 a.	
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STREET ADDRESS			1	EET ADDRESS					•
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	IIIL	E				Change	Addition
NAME			NAM	I					
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP					
TITLE		Delete	TITL					☐ Change	Addition
NAME		☐ Delete	NAM	l l			~		had radiiiyii
STREET ADDRESS		•		EET ADDRESS					
CITY-ST-ZIP		-21		'-ST-ZIP		• •			
12. 1 hereby indicated	certify that the information supplied will to this report or supplemental report.	this filing does not qualify fishe and accurate and that	or the ex my signa	emptions contained ture shall have the	d in Chapter 119 same legal effec	, Florida Statutes. I t as if made under	further cer oath; that I	tily that the in am an officer	nformation or director
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/s true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or it uses explowered 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 all other like empowered.									