

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000060396

FILED
Aug 06, 2009
Secretary of State

Entity Name: DOUBLE DUTY OF SW FL INC

Current Principal Place of Business:

2118 SE 6TH LN
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

2118 SE 6TH LN
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 26-2773697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAN, LAWRENCE
709 CAPE CORAL PARKWAY
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SELLERS, JAMES
Address: 4700-3 TERMINAL DR.
City-St-Zip: FORT MYERS, FL 33907

Title: VSTD () Delete
Name: HUNTER, LISA
Address: 4700-3 TERMINAL DR.
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES SELLERS

PD

08/06/2009

Electronic Signature of Signing Officer or Director

_____ Date