## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000062348

Address:

City-St-Zip:

Entity Name: SOUTHWEST FLORIDA ACCOUNTING SERVICES, INC

FILED Apr 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1457 CLARET CT 18218 FUCHSIA ROAD FORT MYERS, FL 33919 US FORT MYERS, FL 33967 US **Current Mailing Address: New Mailing Address:** 1457 CLARET CT 18218 FUCHSIA ROAD FORT MYERS, FL 33919 US FORT MYERS, FL 33967 US FEI Number: 26-2885354 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANTZ, KYLE 1457 CLARET CT FORT MYERS, FL 33919 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: **PSD** (X) Change ( ) Addition LANTZ, KYLE Name: Name: LANTZ, KYLE 1457 CLARET CT 14542 DOLCE VISTA DRIVE #202 Address: Address: City-St-Zip: FORT MYERS, FL 33919 City-St-Zip: FORT MYERS, FL 33908 CO-P Title: VΡ Title: () Delete (X) Change ( ) Addition Name: CROSS, CINDY Name: CROSS, CINDY 18218 FUCHSIA ROAD 18218 FUCHSIA ROAD Address: Address: FORT MYERS, FL 33967 FORT MYERS, FL 33967 City-St-Zip: City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete CROSS, CYNTHIA C TREASUR Name: Name: 18218 FUCHSIA ROAD Address Address: City-St-Zip: City-St-Zip: FORT MYERS, FL 33967 US Title: () Delete Title: ( ) Change (X) Addition LANTZ, KYLE Name: Name:

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.

Address:

City-St-Zip:

14542 DOLCE VISTA DRIVE #202

FORT MYERS, FL 33908

SIGNATURE: CYNTHIA CROSS VP 04/14/2009