## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000039686

Entity Name: ECO PROPERTIES OF SOUTHWEST FLORIDA, INC.

**FILED** May 31, 2007 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

1045 COLLIER CENTER WAY 1456 PERIWINKLE WAY 294

SUITE#3

NAPLES, FL 34110 SANIBEL, FL 33957

**New Mailing Address: Current Mailing Address:** 

1045 COLLIER CENTER WAY 1456 PERIWINKLE WAY SUITE #3 294

NAPLES, FL 34110 SANIBEL, FL 33957 US

FEI Number: 65-0448611 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:

FLINN, ROBERT H FLINN, COLIN S 1045 COLLIER CENTER WAY 1456 PERIWINKLE WAY SUITE#3 294 NAPLES, FL 34110 US SANIBEL, FL 33957 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: COLIN S. FLINN 05/31/2007

> 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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition () Delete Title:

FLINN, ROBERT H FLINN, ROBERT H Name: Name: 1045 COLLIER CENTER WAY 1456 PERIWINKLE WAY Address: Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: SANIBEL, FL 33957

VD Title: VD (X) Change ( ) Addition Title: ( ) Delete

Name: FLINN, COLIN S Name: FLINN, COLIN S 1045 COLLIER CENTER WAY 1456 PERWINKLE WAY Address: Address: NAPLES, FL 34110 SANIBEL, FL 33957 City-St-Zip: City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title: SD

BENEROFE, ANDREW R Name: BENEROFE, ANDREW R Name: 1045 COLLIER CENTER WAY 1456 PERWINKLE WAY Address Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: SANIBEL, FL 33957

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: COLIN S. FLINN VD 05/31/2007