

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000088649 1. Entity Name SWAN LAKE MOBILE HOME VILLAGE, INC.	
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Principal Place of Business 2400 NORTH TAMIAMI TRAIL NORTH FORT MYERS, FL 33903	Mailing Address 207 SWAN LAKE DR. NORTH FORT MYERS, FL 33917 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0457046	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINESETT, ROBERT A
 2248 FIRST ST.
 FORT MYERS, FL 33091

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JORDAN, JACK
STREET ADDRESS	207 SWAN LAKE DR.
CITY - ST - ZIP	NORTH FORT MYERS, FL
TITLE	D
NAME	JORDAN, STEVEN C
STREET ADDRESS	1354 WHISKEY CREEK DRIVE
CITY - ST - ZIP	FORT MYERS, FL
TITLE	D
NAME	JORDAN, EDNA J.
STREET ADDRESS	207 SWAN LAKE DR.
CITY - ST - ZIP	NORTH FORT MYERS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/11/06-80005-001 150.00

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: Edna J. Jordan 1-5-06 239-995-3397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #