

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90040 036 ***150.00

DOCUMENT # P94000003536 1. Entity Name WERDAN ENTERPRISES (SWF) INC.					
Principal Place of Business 1337 ALHAMBRA CIRCLE N NAPLES, FL 34103			Mailing Address 1337 ALHAMBRA CIRCLE N NAPLES, FL 34103		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40004815	
City & State		City & State		4. FEI Number 65-0555378	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNAUER, EDWARD B ESQ. 501 GOODLETTE ROAD NORTH STE D-100 NAPLES, FL 34102				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when removing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAHNZ, WERNER E 884 GULF PAVILION DRIVE STE. 204 NAPLES, FL 33963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	} Same ☒ Change ☐ Addition 28 Kimbermount Drive Agincoourt, Ontario, Canada M1T2X9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAHNZ, MARIA L 884 GULF PAVILION DRIVE STE. 204 NAPLES, FL 33963		TITLE NAME STREET ADDRESS CITY-ST-ZIP	} Same ☒ Change ☐ Addition 28 Kimbermount Drive Agincoourt, Ontario, Canada M1T2X9	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REDDIES, KARL E 1337 ALHAMBRA CIRCLE N. NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 the empowered.					
SIGNATURE: <i>Karl E Reddies</i> Karl E Reddies 1-17-5 239-263-8867 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					