


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90278 035 ***150.00

DOCUMENT # P94000023576	
1. Entity Name THE CHAMPIONS OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business P.O. BOX 2766 13651 GANNET RD. FORT MYERS, FL 33908 US	Mailing Address FELDMAN & FELDMAN P.A. 2424 N. HWY #200 BOCA RATON, FL 33431 US
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2. Principal Place of Business	3. Mailing Address 13651 Gannet Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Ft Myers FL
Zip 33908	Country



03292006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0479437

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FELDMAN, C.P.A., MINDY A 2424 N. FEDERAL HIGHWAY, STE. #200 BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent	
Name	
Address (P.O. Box Number is Not Acceptable)	9858 Clintmoore Rd
City	CLINTMOORE
State	FL
Zip Code	33496

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MYERS, ELIZABETH F 13651 GANNET DRIVE FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MYERS, RAYMOND 13651 GANNET DRIVE FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
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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: X Raymond Myers 4-29-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #