

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000053676

1. Entity Name
SUGARLOAF OF SOUTHWEST FLORIDA, INC.



Principal Place of Business
12581 METRO PARKWAY
SUITE #14
FT. MEYERS, FL 33912

Mailing Address
4354 MULHAUSER ROAD
CINCINNATI, OH 45014



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0597705

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SKOWRONEK, LAWRENCE J
12581 METRO PARKWAY
SUITE #14
FT. MEYERS, FL 33912

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SKOWRONEK, LAWRENCE J
STREET ADDRESS 740 WOODBINE AVE.
CITY-ST-ZIP GLENDALE, OH 45246

TITLE V
NAME SKOWRONEK, JODY D
STREET ADDRESS 740 WOODBINE AVE.
CITY-ST-ZIP GLENDALE, OH 45246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

U00000758857
05/24/07-80019-010 150.00

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IN THIS SPACE

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:

L Skowronek President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SKOWRONEK

Date

4/26/07

Daytime Phone #

5136047623