

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90233 035 ***150.00

DOCUMENT # P96000037535

1. Entity Name
THE SCHWEIKHARDT LAW FIRM, P.A.



Principal Place of Business

**900 SIXTH AVE S
SUITE 203
NAPLES, FL 34102**

Mailing Address

**900 SIXTH AVE S
SUITE 203
NAPLES, FL 34102**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01062006

Chg-P

CR2E034 (11/05)

4. FEI Number

65-0662453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHWEIKHARDT, WILLIAM
900 SIXTH AVE S
SUITE 203
NAPLES, FL 34102**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME SCHWEIKHARDT, WILLIAM
STREET ADDRESS 900 6TH AVE SO #203
CITY-ST-ZIP NAPLES, FL 34102 ☐ Delete

TITLE V
NAME SCHWEIKHARDT, KATHERINE A
STREET ADDRESS 900 SIXTH AVENUE SOUTH, #203
CITY-ST-ZIP NAPLES, FL 34102 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME JEPSON, BENJAMIN T.
STREET ADDRESS 900 Sixth Avenue South, #203
CITY-ST-ZIP Naples, FL 34102 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

Signature and typed or printed name of signing officer or director
William Schweikhardt, President

1/10/06

Date

(239) 262-2227

Daytime Phone #