# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000026272

Entity Name: MBS OF SWFL, INC

FILED Mar 16, 2005 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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5831 HALIFAX AVENUE 2039 SE 15TH ST

FT MYERS, FL 33912 CAPE CORAL, FL 33990

### Current Mailing Address: New Mailing Address:

5831 HALIFAX AVENUE 2039 SE 15TH STREET FT MYERS, FL 33912 CAPE CORAL, FL 33990

FEI Number: 65-0739778 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

### Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 HASS, JUSTIN T
 HASS, GOODWIN D JR

 2009 SE 16TH ST
 2039 SE 15TH STREET

 CAPE CORAL, FL 33904
 US

 CAPE CORAL, FL 33990
 US

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.

SIGNATURE: GOODWIN D. HASS, JR. 03/16/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

#### **OFFICERS AND DIRECTORS:**

#### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition Name: HASS, JUSTIN T Name:

 Name:
 HASS, JUSTIN T
 Name:

 Address:
 2009 SE 16TH STREET
 Address:

 City-St-Zip:
 CAPE CORAL, FL 33990
 City-St-Zip:

Title: Title: (X) Change ( ) Addition ST () Delete Name: HASS, PATRICIA G Name: HASS, GOODWIN D JR 2039 SE 15TH STREET 2039 SE 15TH STREET Address: Address: CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 City-St-Zip: City-St-Zip:

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 HASS, CARMEN M
 Name:
 HASS, PATRICIA G

 Address:
 2039 SE 15TH STREET
 Address:
 2039 SE 15TH STREET

 City-St-Zip:
 CAPE CORAL, FL 33990
 City-St-Zip:
 CAPE CORAL, FL 33990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOODWIN D. HASS, JR. S/T 03/16/2005