
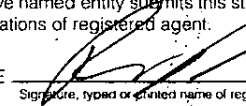


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90109 038 ***150.00

DOCUMENT # P97000042303			
1. Entity Name SOUTHWEST PARKING COMPANY, INC.			
Principal Place of Business 5681 BIDUELLE PARKWAY APT 201 SARASOTA FL 34233		Mailing Address 5681 BIDUELLE PARKWAY APT 201 SARASOTA FL 34233	
2. Principal Place of Business		3. Mailing Address 5681 Bidwell PARKWAY	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #201	
City & State		City & State SARASOTA	
Zip	Country	Zip	Country
		FL	34233
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TREGEMBO, RODNEY L 5681 BIDUELL PARKWAY APT 201 SARASOTA FL 34233		Name Bidwell PARKWAY	
		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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reissuing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D TREGEMBO, RODNEY L 623 WHITEFIELD AVE SARASOTA FL 34243 5681 Bidwell PKY. #201 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/05)

4. FEI Number **65-0777080** Applied For ☐ Not Applicable ☐

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2-13-06 **941-724-6101**
Date Daytime Phone #