

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90089 010 ***150.00

DOCUMENT # P97000076934

1. Entity Name
**BROOKS R. SWANSON ARCHITECTURE,
CONSTRUCTION AND DEVELOPMENT, INC.**



Principal Place of Business
**12052 N TAMiami TRAIL
SUITE 1
NAPLES, FL 34110**

Mailing Address
**18871 CYPRESS VIEW DR
FORT MYERS, FL 33912**

00011001



2. Principal Place of Business

**9220 Bonita Beach Rd.
Suite, Apt. #, etc.
216**

3. Mailing Address

Suite, Apt. #, etc.

01272005

Chg-P

CR2E034 (10/03)

City & State

Bonita Springs, FL

City & State

Zip Country
34135 USA

4. FEI Number

65-0780158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SWANSON, BROOKS R
18871 CYPRESS VIEW DR
FORT MYERS, FL 33912**

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

2-1-05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **SWANSON, LINDA M**
STREET ADDRESS **18871 CYPRESS VIEW**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **P** ☐ Delete
NAME **SWANSON, BROOKS R**
STREET ADDRESS **18871 CYPRESS VIEW**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

2-1-05