

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P97000079819

1. Entity Name

THE TRADEWELL GROUP, INC.



**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90011 039 \*\*\*150.00

Principal Place of Business  
1040 MORNINGSIDE DR  
NAPLES FL 34103  
US

Mailing Address  
P.O. BOX 2725  
NAPLES FL 34106  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3466722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANT, JOSEPH R  
1040 MORNINGSIDE DR  
NAPLES FL 34103

Name

N/A SAME

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 N/A SAME

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CANT, JOSEPH R  
STREET ADDRESS 1040 MORNINGSIDE DRIVE  
CITY-STATE-ZIP NAPLES FL 34103

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President ☒ Change ☐ Addition  
NAME Gary M. Wilson  
STREET ADDRESS 1040 Morningside Dr.  
CITY-STATE-ZIP Naples, FL 34103

TITLE Secretary/Treas. ☒ Change ☐ Addition  
NAME Joseph R. Cant  
STREET ADDRESS 1040 Morningside Drive  
CITY-STATE-ZIP Naples, FL 34103

TITLE Vice President ☒ Change ☐ Addition  
NAME Joseph R. Cant  
STREET ADDRESS 1040 Morningside Drive  
CITY-STATE-ZIP Naples, FL 34103

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

TITLE Director ☐ Change ☒ Addition  
NAME Gary M. Wilson  
STREET ADDRESS 1040 Morningside Drive  
CITY-STATE-ZIP Naples, FL 34103

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

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 601, 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.

Vice President

New President

SIGNATURE: Joseph R. Cant

Gary M. Wilson

02/21/07 230285-1556

4-30-08

4-30-08 SAME