

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/2

05-22-2008 90014 037 ***150.00

P98000030946

FILED

2008 NOV 26 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P98000030946

1. Entity Name
BASKERVILLE, SWIRLES & WARD, INC.

Principal Place of Business
**1740 MAIN ST
SARASOTA FL 34236**

Mailing Address
**1740 MAIN ST
SARASOTA FL 34236**

DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0831636	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SWIRLES, WILLIAM J
1740 MAIN ST
SARASOTA, FL 34236**

**DO-NOT WRITE
IN THIS SPACE**

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 *William J Swirles* *President* *4-30-08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) DATE

**FILE NOW!!! FEB IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, RICHARD C 13105 VANDERBILT DRIVE UNIT #810 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SWIRLES, WILLIAM J 1634 STARLING DR SARASOTA, FL 34251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

*Per conversation
Report mailed back in error*

[Signature]
11-26-08