

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000007527	
1. Entity Name SWOPE, LAMBERSON & CHARBONNEAU PLANNING GROUP, INC.	

Principal Place of Business 8955 FONTANA DEL SOLWAY NAPLES, FL 34109	Mailing Address PO BOX 111419 NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



02042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0892565	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAMBERSON, JANE E
8955 FONTANA DEL SOL WAY
NAPLES, FL 34109**

**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 _____
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, 2006 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	PD SWOPE, RICHARD L 8955 FONTANA DEL SOL WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS LAMBERSON, JANE E 8955 FONTANA DEL SOL WAY NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT CHARBONNEAU, CHERYL 8955 FONTANA DEL SOL WAY NAPLES, FL 34109
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06/03/06-80031-016 150.00

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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.

SIGNATURE: Jane E. Lamberson Treasurer 2/6/06 (23A) 262-017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

JANE E. LAMBERSON