

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 23, 2008 8:00 am
Secretary of State

04-07-2008 90022 026 ***150.00

DOCUMENT # P99000037995					
1. Entity Name SWS OF NAPLES, INC.					
Principal Place of Business 6652 TRIDENT WAY NAPLES FL 33108			Mailing Address 6652 TRIDENT WAY NAPLES FL 33108		
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	4. FEI Number 59-3570305	
				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		
SHORT, SUSAN W 6652 TRIDENT WAY NAPLES FL 33108			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 _____ DATE _____					
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when "Not Applicable")					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS	SHORT, SUSAN W		STREET ADDRESS		
CITY-ST-ZIP	6652 TRIDENT WAY		CITY-ST-ZIP		
	NAPLES FL 34108				
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
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TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
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TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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 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: <u>Susan W. Short Pres</u> 4/29/08 229 591 1145					
SIGNATURE AND TYPED OR PRINTED NAME OF LEADING OFFICER OR DIRECTOR SUSAN W. Short Pres					