


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90043 050 ***158.75

DOCUMENT # P99000051519 1. Entity Name "2" S. B.W. & ASSOCIATES INC.																																																																																																																																			
Principal Place of Business 349 S.E. 3RD STREET BELLE GLADE, FL 33430			Mailing Address 349 S.E. 3RD STREET BELLE GLADE, FL 33430																																																																																																																																
2. Principal Place of Business - No P.O. Box # 630 SW AVE J		3. Mailing Address																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State Belle Glade, FL		City & State		4. FEI Number 65-0930953																																																																																																																															
Zip 33430		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent BARBER, MOSES 1249 VAUGHN CIRCLE BELLE GLADE, FL 33430			7. Name and Address of New Registered Agent Name: Clifford Downing Street Address (P.O. Box Number is Not Acceptable): 301 SW 8th Street City: Belle Glade FL Zip Code: 33430																																																																																																																																
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: <u>Clifford Downing</u> DATE: <u>2-5-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P WALKER, JAVIN</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D WALKER JAVIN</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>349 S.E. 3RD ST</td> <td></td> <td>NAME</td> <td>630 SW AVE J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>BELLE GLADE, FL 33430</td> <td></td> <td>STREET ADDRESS</td> <td>Belle Glade, FL 33430</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST SEWELL, ANGELETTA</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>4747 WEST WATERS APT 407</td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TAMPA, FL 33614</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D THROOP, KENNETH R</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>P Throop, Kenneth</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>P.O. BOX 2682</td> <td></td> <td>NAME</td> <td>P.O. BOX 2682</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>OKEECHOBEE, FL 34972</td> <td></td> <td>STREET ADDRESS</td> <td>OKeechobee, FL 34972</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P WALKER, JAVIN	<input type="checkbox"/> Delete	TITLE	D WALKER JAVIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	349 S.E. 3RD ST		NAME	630 SW AVE J		STREET ADDRESS	BELLE GLADE, FL 33430		STREET ADDRESS	Belle Glade, FL 33430		CITY-ST-ZIP			CITY-ST-ZIP			TITLE	ST SEWELL, ANGELETTA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	4747 WEST WATERS APT 407		NAME			STREET ADDRESS	TAMPA, FL 33614		STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE	D THROOP, KENNETH R	<input type="checkbox"/> Delete	TITLE	P Throop, Kenneth	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	P.O. BOX 2682		NAME	P.O. BOX 2682		STREET ADDRESS	OKEECHOBEE, FL 34972		STREET ADDRESS	OKeechobee, FL 34972		CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u>K.R. Throop</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2-5-07</u> Daytime Phone #: <u>863-697-0054</u>																																																																																																																																