## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE** 

## **Secretary of State** DOCUMENT # P99000067599 01-17-2006 90264 015 \*\*\*150.00 REFLECTIONS OF NATURE OF SW FLORIDA, INC. Principal Place of Business Mailing Address 2901 AVENUE OF THE AMERICAS **61 PINEHURST PLACE** ROTONDA WEST, FL 33947 ENGLEWOOD, FL 34224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 01062006 CR2E034 (11/05) Chg-P 4 FEI Number Applied For City & State 65-0932940 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent and Address of Current Registered Agent Name TAYLOR, RANDY Street Address (P.O. Box Number is Not Acceptable) 2901 AVE. OF THE AMERICAS ENGLEWOOD, FL 34224 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signeture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Delete TITLE TAYLOR, RANDY L NAME NAME STREET ADDRESS 2901 AVENUE OF THE AMERICAS STREET ADDRESS 4 33947 CITY-ST-ZIP ENGLEWOOD, FL 34224 CITY-ST-ZIP Delete TITLE TITLE TAYLOR, VICKI NAME 2901 AVENUE OF THE AMERICAS STREET ADDRESS STREET ADDRESS ENGLEWOOD, FL 34224 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Channe noitibhA TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TMF ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CETY-ST-7IP 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.

FILED

Jan 17, 2006 8:00 am