

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90006 047 ***150.00

DOCUMENT # S33082

1. Entity Name
S.W. ENTERPRISE ASSOCIATES, INC.



Principal Place of Business
12370 NEW BRITTANY BLVD
SUITE 423
FT MYERS, FL 33907

Mailing Address
12370 NEW BRITTANY BLVD
SUITE 423
FT MYERS, FL 33907

40018078



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0244286

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANCHI, DOMENIC A
12370 NEW BRITTANY BLVD., SUITE 423
FT MYERS, FL 33907

**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, 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 P
NAME FRANCHI, DOMENIC A.
STREET ADDRESS 12370 NEW BRTNY BVD #423
CITY-ST-ZIP FT MYERS, FL

TITLE T
NAME FRANCHI, DAVID A
STREET ADDRESS 12370 NEW BRTNY BVD 423
CITY-ST-ZIP FT MYERS, FL

TITLE S
NAME FRANCHI, OLGA L
STREET ADDRESS 12370 NEW BRTNY BVD 423
CITY-ST-ZIP FT MYERS, FL

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.

SIGNATURE:

Olga L. Franchi OLGA L. FRANCHI

1-10-08

617-332-7513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #