2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S86041

1. Entity Name

SWALM, BOURGEAU & DAVIES, P.A.

Principal Place of Business	Mailing Address
2375 TAMIAMI TRAIL NORTH SUITE 308 NAPLES FL 34103 US	2375 TAMIAMI TRAIL NORTH SUITE 308 NAPLES FL 34103 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0288258 — Applied F / Not Applic

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

6. Name and Address of Current Registered Agent

DAVIES, CHRISTOPHER N
2375 TAMIAMI TRAIL NORTH
NAPLES FL 34103

7. Name and Address of New Registered Agent

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 ac 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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** M. Added to F.

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	BOURGEAU, DAVID C	
STREET ADDRESS	2375 TAMIAMI TRAIL NORTH, SUITE 308	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	ST	☐ Delete
NAME	DAVIES, CHRISTOPHER N	
STREET ADDRESS	2375 TAMIAMI TRAIL N #308	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ A
NAME	U00000486566	
STREET ADDRESS	04/13/06-80043-008 150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ A
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ A
NAME		
STREET ADDRESS		
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 inform 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 di 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 Blo if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] February 1, 2006 (239) 434-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #