

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 2375 TAMiami TRAIL NORTH SUITE 308 NAPLES FL 34103 US	Mailing Address 2375 TAMiami TRAIL NORTH SUITE 308 NAPLES FL 34103 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2ED34 (10/05)
4. FEI Number 65-0288258	Applied For ☐ Not Applied

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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
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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 agree to, the obligations of registered agent.

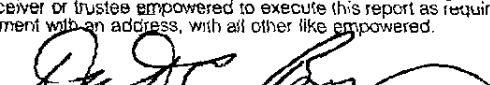
SIGNATURE	Signature (Typed or Printed Name of Registered Agent and Title if Applicable)	(NOTE: Registered Agent signature required when re-registering)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 M. Added to F:
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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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Add
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	DATE: FEBRUARY 1, 2006	FILE NUMBER: (299) 434-0800
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