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Secretary of State
04-11-2005 90174 046 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000064348

1. Entity Name
SOUTHWEST SOLID SURFACE INC.

50035655

Principal Place of Business	Mailing Address
2534 N.E. 9TH AVE. #8 CAPE CORAL, FL 33909	2534 N.E. 9TH AVE. #8 CAPE CORAL, FL 33909

01122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
2645 NE. 9th Ave		629 NW 15th St.	
Suite, Apt. #, etc.: #5 + #6		Suite, Apt. #, etc.	
City & State: Cape Coral, Fl.		City & State: Cape Coral, Fl.	
Zip: 33909	Country: USA	Zip: 33993	Country: USA

4. FEI Number: 01-0721524 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILCOX, PAUL T 2534 N.E. 9TH AVE. #8 CAPE CORAL, FL 33909	Name: Wilcox, Paul T Street Address (P.O. Box Number is Not Acceptable): 2645 NE 9th Ave #5 + #6 City: Cape Coral FL Zip Code: 33909

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] 3-13-05
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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WILCOX, PAUL T 2534 N.E. 9TH AVE.#8 CAPE CORAL, FL 33909	☐ Delete	P Wilcox, Paul T 2645 NE 9th Ave #5 + #6 Cape Coral, Fl 33909	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VOLK, GARY F 509 SE 18TH STREET CAPE CORAL, FL 33990	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X [signature] X 3-13-05 X 239-872-3489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #