2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 07, 2008 8:00 am Secretary of State

DOC_UMENT # P05000046307 Control	ANNUAL REPORT								Secretary of State					
Principal Place of Userness	1. Entity Name													
Suite, Apt. 4, etc. Suite Apt. 4, etc. City & State A FEI Number 20-2599280 May Applicable Not Appli	15970 LAKE CANDLEWOOD DR			15	15970 LAKE CANDLEWOOD DR				4000-	-				
City & State	2. Principal Place of Business - No P.O. Box #				3. Mailing Address									
20	Suite, Apt. #, etc.			s	Suite, Apt. #, etc.				02282008	Chg-P	CR2E0	34 (12/06)		
S. Certificate of Status Desired Fox Required S. Certificate of Status Desired Fox Required SOUTH-MEST PROFESSIONAL SERVICES OF S.F.L.IN 13571 MCGREGOR BLVD #22 FORT MYERS, FL 33919 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forica. I am familiar with, and accept the obligations of registered agent. SIGNATURE SUPPLY, 1,000 or orient name of registered agent and this is repostate. (INOTE: Repostered Agent sequence of the obligations of registered agent.) FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P	City & State			C	City & State							 	·	
Name SOUTHWEST PROFESSIONAL SERVICES OF S.F. IN 13571 MCGREGOR BLVD #22 FL Zip Code	Zip		Country Zip Cou		Countr	у		5. Certificate	of Status Desired					
SOUTHWEST PROFESSIONAL SERVICES OF S.F. IN 13919 Size Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Curre	nt Regist	ered Agent				7. Name and	Address of New I	Registered A	gent		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or privided name of registered agent and site if epokeatis. (HOTE: Registered Agent signature required when ministricy). PILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. ITTLE NAME COFFEY, GEORGE STREET ADDRESS CITY-ST-2/P STREET AD	13571 MCGREGOR BLVD #22				ES OF S FL IN			ress (F	P.O. Box Number	er is Not Acceptabl	e)			
SIGNATURE Superior typode or printed name of registered agent and step if applicable.					City					FL	Zip Cod	e		
After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE P COFFICERS AND DIRECTORS 15870 LAKE CANDLEWOOD DR FORT MYERS, FL 33908 TITLE DIRECTORESS CITY-S1-2IP TITLE MAME STREET ADDRESS CITY-S1-2IP TITLE MAME STREET AD				t for the pu	rpose of changing its	registered	d office or reg	gistere	ed agent, or bo	th, in the State of Fl	orida. I am f	amiliar with,	and accept	
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.								equired	when reinstating)		DATE			
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NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	COFFEY, 15970 LA	KE CANDLEWOOD	DR	☐ Delete	name Street	T ADDRESS					☐ Change	☐ Addition	
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	NAME STREET ADDRESS CITY-ST-ZIP				•	TITLE NAME STREE' CITY-S	T ADDRESS ST-ZIP					•		

2. 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 ifmade 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:

YHEO OR PRINTENA ME OF SIRMING OFFICER OR DIRECTOR

Date

Daytime Phone #