

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90099 001 *1,861.25

DOCUMENT # 345274

1. Entity Name
SOUTHWEST FLORIDA ENTERPRISES, INC.



Principal Place of Business

401 NW 38TH COURT.
P. O. BOX 350940
MIAMI, FL 33135

Mailing Address

401 NW 38TH COURT.
P. O. BOX 350940
MIAMI, FL 33135

66001096



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1263670

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAVENICK, FRED
401 NW 38TH CT
MIAMI, FL 33126

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME HAVENICK, BARBARA
STREET ADDRESS 401 NW 38TH CT.
CITY-ST-ZIP MIAMI, FL 00000, 33126

TITLE PTE
NAME HAVENICK, FRED
STREET ADDRESS 401 NW 38TH CT.
CITY-ST-ZIP MIAMI, FL 00000, 33126

TITLE D
NAME ~~AMOUR, ISABELLE~~
STREET ADDRESS ~~401 NW 38TH CT.~~
CITY-ST-ZIP ~~MIAMI, FL 00000,~~

TITLE DV
NAME HECHT, FLORENCE
STREET ADDRESS 401 NW 38TH CT.
CITY-ST-ZIP MIAMI, FL 00000, 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #