

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086082

Entity Name: ARCON OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**1515 SE 47TH STREET
CAPE CORAL, FL 33904**Current Mailing Address:**27850 LEATHERWOOD CIRCLE
PUNTA GORDA, FL 33950 US**FEI Number:** 30-0131338**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WOTITZKY, EDWARD L
223 TAYLOR ST.
PUNTA GORDA, FL 33950 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PD
Name STOUT, JO DONNA I
Address 27850 LEATHERWOOD CIRCLE
City-State-Zip: PUNTA GORDA FL 33950

Title SD
Name STOUT, JO DONNA I
Address 27850 LEATHERWOOD CIRCLE
City-State-Zip: PUNTA GORDA FL 33950

Title TD
Name STOUT, JO DONNA I
Address 27850 LEATHERWOOD CIRCLE
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR
Name DELLINGER, JENELLE I
Address 1027 K DRIVE S.
City-State-Zip: EAST LEROY MI 49051

Title D
Name STOUT, ROLAND V
Address 27850 LEATHERWOOD CIRCLE
City-State-Zip: PUNTA GORDA FL 33950

Title VD
Name STOUT, JO DONNA I
Address 27850 LEATHERWOOD CIRCLE
City-State-Zip: PUNTA GORDA FL 33950

Title D
Name HACKETT, CATHY L
Address 5232 S.W. 19TH AVENUE
City-State-Zip: CAPE CORAL FL 33914

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JO DONNA I. STOUT

PD

01/12/2014

Electronic Signature of Signing Officer/Director Detail_____
Date