

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V29920

**Entity Name:** BUILDING SYSTEMS OF SW FLORIDA, INC.

**Current Principal Place of Business:**

883 NE 27TH LN.  
#1  
CAPE CORAL, FL 33909

**Current Mailing Address:**

883 NE 27TH LN.  
#1  
CAPE CORAL, FL 33909 US

**FEI Number:** 65-0331908

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MORROW, STEPHEN, D  
883 N.E. 27TH LANE  
UNIT #1  
CAPE CORAL, FL 33909 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 V  
Name MORROW, MATTHEW S  
Address 3324 DELILAH DRIVE  
City-State-Zip: CAPE CORAL FL 33993

Title S  
Name MORROW, NATHAN D  
Address 835 WHISPERING PINES RD  
City-State-Zip: CAPE CORAL FL 33993

Title OFFICER  
Name MORROW, CAROL C  
Address 833 N. E. 27TH LANE UNIT #1  
City-State-Zip: CAPE CORAL FL 33909

Title OFFICER  
Name MORROW, JUSTIN C  
Address 101 N.W. 25TH AVE  
City-State-Zip: CAPE CORAL FL 33993

Title DIRECTOR, PRESIDENT  
Name MORROW, STEPHEN D  
Address 883 N.E 27TH LANE #1  
City-State-Zip: CAPE CORAL FL 33909

*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:** CAROL C. MORROW

**OFFICER**

**01/25/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date