

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # 230287

1. Entity Name
SOUTHWESTERN SUPPLIERS, INC.



Principal Place of Business
**6815 E 14TH AVE
TAMPA, FL 33619 US**

Mailing Address
**PO BOX 75069
TAMPA, FL 33675-0069 US**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0881481

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KOCH, MARTIN R MR.
6815 EAST 14TH AVENUE
TAMPA, FL 33619**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000892992
04/23/08-80085-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE **VTD**
NAME **MACFAWN, FREDERICK H**
STREET ADDRESS **6815 E. 14TH AVE.**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **ASVD**
NAME **WEBB, ROBERT J**
STREET ADDRESS **6815 E 14TH AVE**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **CPD**
NAME **KOCH, MARTIN R**
STREET ADDRESS **6815 E. 14TH AVE.**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **SD**
NAME **MACFAWN, MONIKA**
STREET ADDRESS **6815 E 14TH AVE**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **ATD**
NAME **KOCH, HANS J**
STREET ADDRESS **6815 E 14TH AVE**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **D**
NAME **KOCH, PETER K A**
STREET ADDRESS **6815 E 14TH AVE**
CITY-ST-ZIP **TAMPA, FL 33619**

**DO NOT WRITE
IN THIS SPACE**

12. 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 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 #

MARTIN R. KOCH

4/9/08

(813) 626-2193