

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90051 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

**66404075**



01192004 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, 2004 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,
TITLE	PTE
NAME	HAVENICK, FRED
STREET ADDRESS	401 NW 38TH CT.
CITY-ST-ZIP	MIAMI, FL 00000,
TITLE	D
NAME	AMDUR, 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,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:** *Fred Havenick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/16/04*

Date

*205-649-3200*

Daytime Phone #

Fred Havenick