

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506952

FILED  
Jan 08, 2004  
Secretary of State

Entity Name: SOUTHWEST TELEPHONE COMPANY

## Current Principal Place of Business:

5571 HUNTER BLVD.  
SUITE B-C  
NAPLES, FL 34116 US

## Current Mailing Address:

5571 HUNTER BLVD., STE. C  
NAPLES, FL 34116 US

## New Principal Place of Business:

5571 HUNTER BLVD.  
SUITE B  
NAPLES, FL 341165504 US

## New Mailing Address:

5571 HUNTER BLVD., STE. B  
NAPLES, FL 341165504 US

FEI Number: 59-1680840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STANFORD, GEORGE E.  
5571 HUNTER BLVD. #C  
NAPLES, FL 34116 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: MCLAIN, DEBRA A.,  
Address: 5571 HUNTER BLVD #C  
City-St-Zip: NAPLES, FL

Title: PC ( ) Delete  
Name: COBB, BERTRAND E.,  
Address: 5571 HUNTER BLVD. #C  
City-St-Zip: NAPLES, FL

Title: VP ( ) Delete  
Name: STANFORD, GEORGE E.,  
Address: 5571 HUNTER BLVD. #C  
City-St-Zip: NAPLES, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change ( ) Addition  
Name: MCLAIN, DEBRA A.,  
Address: 5571 HUNTER BLVD #B  
City-St-Zip: NAPLES, FL 341165504

Title: PC (X) Change ( ) Addition  
Name: COBB, BERTRAND E.,  
Address: 5571 HUNTER BLVD. #B  
City-St-Zip: NAPLES, FL 341165504

Title: VP (X) Change ( ) Addition  
Name: STANFORD, GEORGE E.,  
Address: 5571 HUNTER BLVD. #B  
City-St-Zip: NAPLES, FL 341165504

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DEBRA A MCLAIN

ST

01/08/2004

Electronic Signature of Signing Officer or Director

Date