


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90967 020 \*\*\*\*61.25

|   |   |  |  |
|---|---|--|--|
| DOCUMENT # 733800   |   |                             |  |
| 1. Entity Name<br>SOUTHWEST HERITAGE, INC.  |   |  |  |
| Principal Place of Business<br>1051 5TH AVE SO<br>NAPLES, FL 34102 US   |   | Mailing Address<br>1051 5TH AVE SO<br>NAPLES, FL 34102 US  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address<br>171 West Golden Gate Blvd  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |
| City & State  |   | City & State<br>Naples, FL   |  |
| Zip   | Country   | Zip  | Country  |
| 34120   | USA   | 34120  | USA  |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent  |  |
| WHITE, DENNIS R<br>4099 TAMAMI TRL N. #300<br>NAPLES, FL 34103  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                            |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2005   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| Make check payable to Florida Department of State   |   |  |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |
| TITLE   | <del>VD</del> MCKEE, C. LODGE I <input type="checkbox"/> Delete | TITLE  | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MCKEE, C. LODGE I   | NAME   | McKee, Lodge   |
| STREET ADDRESS  | 53 BROAD AVE. SO.   | STREET ADDRESS   |  |
| CITY-ST-ZIP   | NAPLES, FL  | CITY-ST-ZIP  |  |
| TITLE   | V <input checked="" type="checkbox"/> Delete                    | TITLE  | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| NAME  | VAROSKI, DAVID  | NAME   | White, Dennis  |
| STREET ADDRESS  | 4001 TAMAMI TRL N.  | STREET ADDRESS   | 4099 Tamiami Tr N # 300  |
| CITY-ST-ZIP   | NAPLES, FL 34103  | CITY-ST-ZIP  | Naples, FL 34103   |
| TITLE   | VD <input checked="" type="checkbox"/> Delete                   | TITLE  |  |
| NAME  | HARTMANN, LEONA   | NAME   |  |
| STREET ADDRESS  | 121 2ND ST SOUTH  | STREET ADDRESS   |  |
| CITY-ST-ZIP   | NAPLES, FL  | CITY-ST-ZIP  |  |
| TITLE   | VD <input type="checkbox"/> Delete                              | TITLE  |  |
| NAME  | WEIGEL, JAMES R.  | NAME   |  |
| STREET ADDRESS  | 520 ANCHOR RODE DR.   | STREET ADDRESS   |  |
| CITY-ST-ZIP   | NAPLES, FL  | CITY-ST-ZIP  |  |
| TITLE   | VD <input checked="" type="checkbox"/> Delete                   | TITLE  |  |
| NAME  | PONTE, GEORGE   | NAME   |  |
| STREET ADDRESS  | 565 AUGUSTA BLVD, #10   | STREET ADDRESS   |  |
| CITY-ST-ZIP   | NAPLES, FL 34113  | CITY-ST-ZIP  |  |
| TITLE   | VD <input type="checkbox"/> Delete                              | TITLE  |  |
| NAME  | SWARTZ, WALTER E  | NAME   |  |
| STREET ADDRESS  | 5224 31ST PALCE SW  | STREET ADDRESS   |  |
| CITY-ST-ZIP   | NAPLES, FL 34116  | CITY-ST-ZIP  |  |
| 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 617, 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: <u>Walter Swartz</u>   |   | Date: 4/29/05 (239) 455-4558   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <small>Date Daytime Phone #</small>  |  |