

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2009  
Secretary of State**

DOCUMENT# 733800

Entity Name: SOUTHWEST HERITAGE, INC.

**Current Principal Place of Business:**

1051 5TH AVE SO  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

3680 3RD AVENUE N.W.  
NAPLES, FL 34120 US

**New Mailing Address:**

FEI Number: 59-1641624      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WHITE, DENNIS R  
4099 TAMIAMI TRL N. #300  
NAPLES, FL 34103 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCKEE, C. LODGE I  
Address: 53 BROAD AVE. SO.  
City-St-Zip: NAPLES, FL

Title: VD ( ) Delete  
Name: WHITE, DENNIS  
Address: 4099 TAMIAMI TR N #300  
City-St-Zip: NAPLES, FL 34103

Title: VD ( ) Delete  
Name: WEIGEL, JAMES R.  
Address: 520 ANCHOR RODE DR.  
City-St-Zip: NAPLES, FL

Title: VD ( ) Delete  
Name: SWARTZ, WALTER E  
Address: 5224 31ST PALCE SW  
City-St-Zip: NAPLES, FL 34116

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN ROBERTSON

MGR

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date