

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90009 030 ***150.00

DOCUMENT # F52844

1. Entity Name
**SOUTHWEST FLORIDA FINANCIAL SERVICES,
INCORPORATED**



Principal Place of Business
**24123 PEACHLAND BLVD., #A-17
PORT CHARLOTTE, FL 33954 US**

Mailing Address
**24123 PEACHLAND BLVD., #A-17
PORT CHARLOTTE, FL 33954 US**

54054509



2. Principal Place of Business
3941 Tamiami Trail
Suite, Apt. #, etc.
3123

3. Mailing Address
3941 Tamiami Trail
Suite, Apt. #, etc.
3123

01162004 Chg-P CR2E034 (10/03)

City & State
Punta Gorda, FL

City & State
Punta Gorda, FL

4. FEI Number
59-2129776

Applied For
Not Applicable

Zip
33950 Country
USA

Zip
33950 Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERILSTEIN, JAMES G
8456 ABBINGTON CIR.
NAPLES, FL 34108**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
PERILSTEIN, JAMES G
8456 ABBINGTON CIR.
NAPLES, FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
STANDARD, RICHARD M
11721 MANOR
LEAWOOD, KS 66211** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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 an officer or trustee empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/21/04 941639 4643

Date

Daytime Phone #