

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90296 011 ***150.00

DOCUMENT # J76434 1. Entity Name DEVELOPERS OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 2600 W MARION AVE PUNTA GORDA, FL 33950 US			Mailing Address PO BOX 511448 PUNTA GORDA, FL 33951 US		
2. Principal Place of Business 109 Taylor Street-- Suite, Apt. #, etc. Suite 112		3. Mailing Address Suite, Apt. #, etc. City & State Punta Gorda, FL			
City & State Punta Gorda, FL		City & State Punta Gorda, FL		4. FEI Number 59-2837598	
Zip 33950		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOTITZKY, ESQ. ED 223 TAYLOR ST. PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name Edward L. Wotitzky Street Address (P.O. Box Number is Not Acceptable) 109 Taylor Street - Suite 112 City Punta Gorda FL Zip Code 33950	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SDT CRIST, DOUGLAS E 130 BREAKER CT #123 PUNTA GORDA, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNS, LEWIS D. 316 E MICHIGAN AVE LANSING, MI		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FASSETT, RANDY 911 W MARION PUNTA GORDA, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
SIGNATURE:			Date 4/8/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOUGLAS E. CRIST			Daytime Phone # 941 639-4220		