

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90508 003 ***150.00

DOCUMENT # J77931

1. Entity Name
SOUTH-WEST ENGINEERING, INC.



Principal Place of Business
606 BALD EAGLE DR #500
P O BOX 1
MARCO ISLAND, FL 34146

Mailing Address
P O BOX 1
MARCO ISLAND, FL 34146 US



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2810376

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOODARD, CRAIG R.
606 BALD EAGLE DR #500
ISLAND TOWER BLDG
MARCO ISLAND, FL 33937

**DO NOT WRITE
IN THIS SPACE**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
KAUT, HANS
850 ARCADIA CT
MARCO ISLAND, FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S ~~ELFRIEDE~~
KAUT, ~~ELFRIEDE~~
850 ARCADIA CT
MARCO ISLAND, FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
KAUT, THOMAS
850 ARCADIA CT
MARCO ISLAND, FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-04

239-394-8774

E. KAUT