2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00
Secretary of Sta

DOCUMENT # J77931

1. Entity Name
SOUTH-WEST ENGINEERING, INC.

Principal Place of Business	Mailing Address
606 BALD EAGLE DR #500 P O BOX 1 MARCO ISLAND, FL 34146	P O BOX 1 MARCO ISLAND, FL 34145 US

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when adding)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KAUT, HANS
STREET ADDRESS	850 ARCADIA CT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	S
NAME	KAUT, ELFRIEDE
STREET ADDRESS	850 ARCADIA CT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	T
NAME	KAUT, THOMAS
STREET ADDRESS	850 ARCADIA CT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SIGN HERE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 added, above.

SIGNATURE: _____ 1-17-05 239-394-8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HANS KAUT