

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L67768

FILED
Jun 24, 2005
Secretary of State

Entity Name: SOUTHWEST FLORIDA FRANCHISE SERVICES OF LEE COUNTY, INC.

Current Principal Place of Business:

PO BOX 152527
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

PO BOX 152527
CAPE CORAL, FL 33915

New Mailing Address:

FEI Number: 65-0207303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUSTICE, MICHAEL L.
4516 COUNTRY CLUB BLVD.
CAPE CORAL, FL 33904 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: JUSTICE, MICHAEL L.,
Address: 4516 COUNTRY CLUB BLVD.
City-St-Zip: CAPE CORAL, FL 33904

Title: VD () Delete
Name: PULLEY, JILL,
Address: 1303 SE 24TH ST.
City-St-Zip: CAPE CORAL, FL

Title: VD () Delete
Name: BRETHAUER, JEAN,
Address: 1611 AMY CT.
City-St-Zip: DUBUQUE, IA

Title: D () Delete
Name: BRETHAUER, DAVE,
Address: 1611 AMY CT.
City-St-Zip: DUBUQUE, IA

Title: C () Delete
Name: JUSTICE, FRANK,
Address: 4306 SE 18TH AVE
City-St-Zip: CAPE CORAL, FL

Title: D () Delete
Name: JUSTICE, MAXINE,
Address: 4306 SE 18TH AVE
City-St-Zip: CAPE CORAL, FL

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
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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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE JUSTICE

MR.

06/24/2005

Electronic Signature of Signing Officer or Director

Date