


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90727 040 \*\*\*\*61.25

<b>DOCUMENT # N43745</b>	
<b>1. Entity Name</b> SOUTHWEST FLORIDA BUSINESS GUILD, INC.	

<b>Principal Place of Business</b> 6108 26TH STREET W STE 4 BRADENTON FL 34207 US	<b>Mailing Address</b> P O BOX 49802 SARASOTA FL 34230-802 US
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 65-0306940	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  GODDARD, JAMES R CPA 6108 28TH STREET W #4 BRADENTON FL 34207	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City
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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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> MOORE, TURNER <b>STREET ADDRESS</b> 240 S PINEAPPLE 5TH FLOOR <b>CITY-ST-ZIP</b> SARASOTA FL 34236	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> RANKIN, ANOBEA <b>STREET ADDRESS</b> 4602 TOURNAMENT BLVD <b>CITY-ST-ZIP</b> SARASOTA FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> TD <b>NAME</b> GODDARD, JAMES <b>STREET ADDRESS</b> 3945 GLEN AOKS MANOR <b>CITY-ST-ZIP</b> SARASOTA FL 34232	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> SD <b>NAME</b> CAPTAIN, CHRIS <b>STREET ADDRESS</b> 5500 BEE RIDGE RD <b>CITY-ST-ZIP</b> SARASOTA FL 34233	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> SO <b>NAME</b> MILKS, DANIEL <b>STREET ADDRESS</b> 3722 45TH ST E <b>CITY-ST-ZIP</b> BRADENTON FL 34208	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<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 617, 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 #