
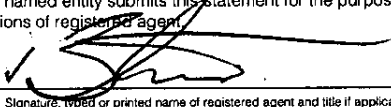
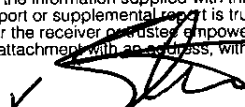


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90045 015 \*\*\*\*61.25

<b>DOCUMENT # N94000000466</b>					
1. Entity Name SOUTHWEST FLORIDA UTILITY CONTRACTORS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 50010 FORT MYERS, FL 33994 US			Mailing Address P.O. BOX 50010 FORT MYERS, FL 33994 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCAFIDI, DAVE 6001 SHIRLEY STREET FORT MYERS, FL 33912				Name <b>Steve Goble</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>3551 Metro Parkway</b>	
				City <b>Fort Myers</b>	
				State <b>FL</b>	
				Zip Code <b>33916</b>	
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 		<b>Steve Goble</b>		DATE <b>1-24-04</b>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEAN, KEITH	NAME			
STREET ADDRESS	11260 PALM BEACH BLVD	STREET ADDRESS			
CITY-ST-ZIP	FT MYERS, FL 33905	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUSSELL, FRED	NAME			
STREET ADDRESS	5686 YOUNGQUIST ROAD	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33912	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PENNER, BRIAN	NAME			
STREET ADDRESS	6001 SHIRLEY ST	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEWART, CHRISTOPHER	NAME			
STREET ADDRESS	5661 DIVISION DR	STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL	CITY-ST-ZIP			
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SCAFIDI, DAVE	NAME	Steve Goble		
STREET ADDRESS	6001 SHIRLEY STREET	STREET ADDRESS	3551 Metro Parkway		
CITY-ST-ZIP	NAPLES, FL 34109	CITY-ST-ZIP	Fort Myers, FL 33916		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		<b>Steve Goble, Pres.</b>		DATE <b>1-24-04</b>	
Signature and typed or printed name of signing officer or director					
				Daytime Phone # <b>239-274-9504</b>	