

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000466

FILED  
Jul 19, 2005  
Secretary of State

Entity Name: SOUTHWEST FLORIDA UTILITY CONTRACTORS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 50010  
FORT MYERS, FL 33994 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 50010  
FORT MYERS, FL 33994 US

**New Mailing Address:**

FEI Number: 65-0515643      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GOBLE, STEVE  
3551 METRO PKWY  
FORT MYERS, FL 33916 US

**Name and Address of New Registered Agent:**

STEWART, CHRIS  
5771 COUNTRY LAKES DRIVE  
FORT MYERS, FL 33905 US

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: CHRIS STEWART

07/19/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DEAN, KEITH  
Address: 11260 PALM BEACH BLVD  
City-St-Zip: FT MYERS, FL 33905

Title: D ( ) Delete  
Name: RUSSELL, FRED  
Address: 5686 YOUNGQUIST ROAD  
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete  
Name: PENNER, BRIAN  
Address: 6001 SHIRLEY ST  
City-St-Zip: NAPLES, FL 34109

Title: T ( ) Delete  
Name: STEWART, CHRISTOPHER  
Address: 5661 DIVISION DR  
City-St-Zip: FORT MYERS, FL

Title: P ( ) Delete  
Name: GOBLE, STEVE  
Address: 3551 METRO PKWY  
City-St-Zip: FORT MYERS, FL 33916

**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: T (X) Change ( ) Addition  
Name: STEWART, CHRISTOPHER  
Address: 5771 COUNTRY LAKES DRIVE  
City-St-Zip: FORT MYERS, FL 33905

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

SIGNATURE: CHRIS STEWART

TRES

07/19/2005

Electronic Signature of Signing Officer or Director

Date