2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90208 021 ***150.00

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1. Entity Name
DIVERSIFIED SERVICES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
1948 TARPON BAY DR. N. NAPLES, FL 34119	1948 TARPON BAY DR. N. NAPLES, FL 34119

01282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
20561 Porthole Ct.	20561 Porthole Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Estero FL	City & State: Estero FL
Zip: 33928 Country: US	Zip: 33928 Country: US

4. FEI Number: 59-3664673 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEIJAS, ANDREW 1948 TARPON BAY DR. N. NAPLES, FL 34119	Name: Andrew Seijas Street Address (P.O. Box Number is Not Acceptable): 20561 Porthole Ct. City: Estero FL Zip Code: 33928

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: Andrew Seijas PSTD — DATE: 2/8/05

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

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☒ Delete	TITLE	PSTD ☒ Change ☐ Addition
NAME	SEIJAS, ANDREW	NAME	Seijas, Andrew
STREET ADDRESS	1948 TARPON BAY DR. N.	STREET ADDRESS	20561 Porthole Ct.
CITY-ST-ZIP	NAPLES, FL 34119	CITY-ST-ZIP	Estero, FL 33928
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 607, 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: Andrew Seijas (PSTD) — Date: 2/8/05 — Daytime Phone #: (239)825-9493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR