## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 A
Secretary of State

1. Entity Nam	MENT # P0000010345 TERPRISES OF SOUTHWEST			~.	, e. e. e.	
Principal Place 8211 COLLE FORT MYERS	GE PKWY 8	ailing Address 3211 COLLEGE PKWY ORT MYERS, FL 33919				
DO NOT WRITE IN THIS SPACE  6. Name and Address of Current Registered Agent				t to make the passe white	Chg-P CR2E	Applied For Not Applicable  \$8.75 Additional Fea Required
CARNAHAN, THOMAS 8211 COLLEGE PKWY FORT MYERS, FL 33919			DO NOT WRITE IN THIS SPACE			
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  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renstating)  DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ed to Fees		
10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICERS AND DIRE PDST MCARTHY, PATRICK J 8211 COLLEGE PKWY FORT MYERS, FL 33919	CTORS		16) 04/109	no(m) 87898 704-60033-1	314 150.00
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME				DO NOT WRITE IN THIS SPACE		
STREET ADDRESS CITY- ST-ZIP FITLE NAME STREET ADDRESS CITY- ST-ZIP						
NAME STREET ADDRESS CITY- ST-ZIP  12. I hereby condicated	certify that the information supplied with this on this report or supplemental report is true	iling does not qualify for the exe and accurate and that my signal	mption stated in Se ture shall have the	rction 119,07(3)(i), Florida same legal effect as if ma	a Statutes. I further cade under cath; that	ertify that the information lam an officer or director
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 cath; that I am an officer or director of the corporation or the receiver or or during the 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:    SIGNATURE   PRINTED OR PRINTED HAME OF SIGNING OFFICER ON DIRECTOR   Date   Date						