



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000020162		
1. Entity Name SWS OF FORT MYERS, INC.		
Principal Place of Business 16000 CHAMBERLIN PKWY SUITE 8679 FORT MYERS, FL 33913	Mailing Address 16000 CHAMBERLIN PKWY SUITE 8679 FORT MYERS, FL 33913	
DO NOT WRITE IN THIS SPACE		
		04072004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-1079641
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NICHOLS, JAMES L 8191 COLLEGE PARKWAY SUITE 204 FORT MYERS, FL 33919		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOOLEY, JAMES S 8320 TRENTWOOD COURT FORT MYERS, FL 33912	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SURETTE, WILLIAM N 14540 SUMMERLIN TRACE COURT #1 FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SURETTE, WILLIAM H 1735 BRANTLEY ROAD # 1510 FORT MYERS, FL 33907	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANSON, GEORGE W 9969 MAR LARGO CIRCLE FORT MYERS, FL 33919	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 of 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: <u>George W. Janson</u> <u>George W. Janson</u> <u>4/14/04</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Days/No Phone #</small>