

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042347

FILED
May 26, 2005
Secretary of State

Entity Name: IDW OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1433 DONA BAY DR.
NOKOMIS, FL 34275

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1454
NOKOMIS, FL 34274

New Mailing Address:

FEI Number: 65-1094330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGDON, ALLEN E
125 FIRST AVE.
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALTMAN, I. DARLENE
Address: 1433 DONA BAY DR.
City-St-Zip: NOKOMIS, FL 34275

Title: STD () Delete
Name: WALTMAN, WILLIAM
Address: 1433 DONA BAY DR.
City-St-Zip: NOKOMIS, FL 34275

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: I. DARLENE WALTMAN

PD

05/26/2005

Electronic Signature of Signing Officer or Director

Date