

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90180 025 ***150.00

DOCUMENT # P01000052954 1. Entity Name SOUTHWEST LUXURY HOMEBUILDERS, INC.					
Principal Place of Business 914 MAC EWEN DR. OSPNEY, FL 34229			Mailing Address P. O. BOX 730 OSPNEY, FL 34229		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-1123119	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NAIDEL, JEFFREY L 5116 ASHTON PINES LANE SARASOTA, FL 34231				7. Name and Address of New Registered Agent Name NAIDEL, JEFFREY L. Street Address (P.O. Box Number is Not Acceptable) 320 N. RIVER RD City VENICE FL 34293	
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 JEFFREY L NAIDEL <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-9-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAIDEL, JEFFERY 5116 ASHTON PINES LANE SARASOTA, FL 34231	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS NAIDEL, PATRICIA A 914 MACEWEN DRIVE OSPNEY, FL 34229	<input type="checkbox"/> Delete			
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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: JEFFREY L. NAIDEL, PRES. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4-9-05 <small>Daytime Phone #</small>					



04082005 Chg-P CR2E034 (10/03)

4. FEI Number
65-1123119

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

NAIDEL, JEFFREY L
5116 ASHTON PINES LANE
SARASOTA, FL 34231

Name
NAIDEL, JEFFREY L.
Street Address (P.O. Box Number is Not Acceptable)
320 N. RIVER RD
City
VENICE FL **34293**

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SIGNATURE **JEFFREY L NAIDEL**
Signature, typed or printed name of registered agent and title if applicable.

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DATE

4-9-05

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5116 ASHTON PINES LANE
SARASOTA, FL 34231

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JEFFREY NAIDEL, PRES
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VENICE, FL 34293

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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