2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000069988

PALS OF SOUTHWEST FLORIDA, INC.



FILED Apr 28, 2004 08:00 AM Secretary of State

Principal Place of Business 123 SHAMROCK BLVD.

VENICE, FL 34923

Mailing Address

123 SHAMROCK BLVD. VENICE, FL 34923



04162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1127120

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

YUROSKO, JOHN J

DO NOT WRITE

123 SHAMROCK BLVD, VENICE, FL 34923			IN THIS SPACE		
the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registered o	office or registered agent, or l	both, in the State of Florida. I am familiar with, and acce	-pt
SIGNATURE_	Signature, typed or printed name of registered agent and title 8	f applicable (NOTE Registered Agr	ent signature required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution	9 \$5.00 May Be ☐ Added to Fees	1/00000135508 04/28/04-80066-014 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D YUROSKO, JOHN J 123 SHAMROCK BLVD. VENICE, FL 34923				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTRELL, WILLIAM 4842 SWEET MEADOW CIRCLE SARASOTA, FL 34238	.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME					

12. Thereby certify that the information supplied with this filling 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 of trystee 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

941-493-3352

Daytimo Prone #