


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90238 023 \*\*\*150.00

<b>DOCUMENT # P02000039930</b> 1. Entity Name <b>SOUTHWEST SAND &amp; FILL, INC.</b>					
Principal Place of Business <b>PO BOX 7190 NORTH PORT, FL 34287</b>			Mailing Address <b>PO BOX 7190 NORTH PORT, FL 34287</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>02-0580275</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PAGE TAX &amp; CONSULTING SERVICES, INC. 11220 METRO PKWY #3 FORT MYERS, FL 33912</b>				7. Name and Address of New Registered Agent Name <b>HERITAGE TAX &amp; CONSULTING SERVICES, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11220 METRO PKWY #3</b> City <b>Fort Myers</b>	
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.				Zip Code <b>33912</b>	
SIGNATURE: <i>[Signature]</i> <b>DAVE Goldberg</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE: <b>4/13/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATKINS, KENT 4225 ULMAN AVE. NORTH PORT, FL 34286			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYSON, ROGER 1445 DOLPHIN ST. NOKOMIS, FL 34275			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JANET WATKINS 4225 ULMAN AVE NORTH PORT, FL 34286			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			<input type="checkbox"/> Delete	
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: <i>[Signature]</i> <b>Janet W. Watkins</b> <b>4/16/05</b> <b>941-426-8688</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					