


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000039930
 1. Entity Name
SOUTHWEST SAND & FILL, INC.



Principal Place of Business Mailing Address
 PO BOX 7190 PO BOX 7190
 NORTH PORT, FL 34287 NORTH PORT, FL 34287

DO NOT WRITE IN THIS SPACE



04092007 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0580275	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
 TAGE TAX & CONSULTING SERVICES, INC.
 11220 METRO PKWY #3
 FORT MYERS, FL 33912

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATKINS, KENT 4225 ULMAN AVE. NORTH PORT, FL 34286
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYSON, ROGER 1445 DOLPHIN ST. NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATKINS, JANET 4225 ULMAN AVE NORTH PORT, FL 34286
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 04/23/07-80036-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Kent Watkins / President* 4/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #