

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90483 046 ***158.75

DOCUMENT # P02000081004					
1. Entity Name EXECUTIVE ELECTRONICS OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 2098 J AND C BLVD NAPLES, FL 34109			Mailing Address PO BOX 111118 NAPLES, FL 34108		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02-0635588	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KORN, TYLER B ESQ 5801 PELICAN BAY BLVD STE 300 NAPLES, FL 34108-2709			7. Name and Address of New Registered Agent Name: <u>JENNIFER JAMISON, Esquire</u> Street Address (P.O. Box Number is Not Acceptable): <u>Porter, Wright, Morris & Arthur LLP</u> <u>5801 PELICAN BAY BLVD STE 300</u> City: <u>NAPLES</u> FL Zip Code: <u>34108</u>		
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: <u>Jennifer Jamison</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/22/04</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 ☐ Delete MINERVA, JOHN 4421 BAY BEACH LANE #653 FORT MYERS BEACH, FL 33931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 28369 HIDDEN LAKE DR BONITA SPRINGS, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ☐ Delete MINERVA, LAURIE 4421 BAY BEACH LANE #653 FORT MYERS BEACH, FL 33931		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 28369 HIDDEN LAKE DR BONITA SPRINGS, FL 34134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>John Minerva</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-21-04 Date		239-597-9077 Daytime Phone #