

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-09-2005 90057 040 ***150.00

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1st MOORE CR2E034 (10/04)

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		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMISON, JENNIFER 5801 PELICAN BAY BLVD STE 300 NAPLES FL 34108-2709				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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><i>John Minerva</i></u> JOHN MINERVA <u>2/3/05</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	<input type="checkbox"/> Delete				
NAME	MINERVA, JOHN				
STREET ADDRESS	28369 HIDDEN LAKE DR.				
CITY-ST-ZIP	BONITA SPRINGS FL 34134				
TITLE	<input type="checkbox"/> Delete				
NAME	MINERVA, LAURIE				
STREET ADDRESS	28369 HIDDEN LAKE DR.				
CITY-ST-ZIP	BONITA SPRINGS FL 34134				
TITLE	<input type="checkbox"/> Delete				
NAME	_____				
STREET ADDRESS	_____				
CITY-ST-ZIP	_____				
TITLE	<input type="checkbox"/> Delete				
NAME	_____				
STREET ADDRESS	_____				
CITY-ST-ZIP	_____				
TITLE	<input type="checkbox"/> Delete				
NAME	_____				
STREET ADDRESS	_____				
CITY-ST-ZIP	_____				
TITLE	<input type="checkbox"/> Delete				
NAME	_____				
STREET ADDRESS	_____				
CITY-ST-ZIP	_____				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	_____				
STREET ADDRESS	_____				
CITY-ST-ZIP	_____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	_____				
STREET ADDRESS	_____				
CITY-ST-ZIP	_____				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	_____				
STREET ADDRESS	_____				
CITY-ST-ZIP	_____				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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><i>John Minerva</i></u> JOHN MINERVA <u>3-4-05</u> <u>339 597 9077</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					