
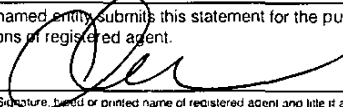
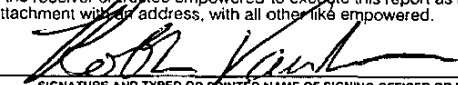


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90400 020 ***150.00

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P02000124709 1. Entity Name STRAIGHT LINE CONSTRUCTION OF S.W. FL, INC. | | | |  | |
| Principal Place of Business 8470 CASA DEL RIO LANE FORT MYERS, FL 33919 | | | Mailing Address 8470 CASA DEL RIO LANE FORT MYERS, FL 33919 | | |
| 2. Principal Place of Business 11220 METRO PKWY Suite, Apt. #, etc. SUITE 12 City & State FORT MYERS, FL Zip 33912 | | 3. Mailing Address 11220 METRO PKWY Suite, Apt. #, etc. SUITE 12 City & State FORT MYERS, FL Zip 33912 | | 4. FEI Number 56-2301020 Applied For <input type="checkbox"/> Not Applicable | |
| Country LEE | | Country LEE | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SW PROFESSIONAL SERVICES OF SO. FL, INC. 13571 MCGREGOR BLVD. #22 FORT MYERS, FL 33919 | | | | 7. Name and Address of New Registered Agent Name HERITAGE TAX & CONSULTING SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 11220 METRO PARKWAY SUITE 12 City FORT MYERS FL Zip Code 33912 | |
| 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:  DAVE GOLDBERG DATE: 4/5/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE PD NAME VAN AUKEN, ROBBIE STREET ADDRESS 8470 CASA DEL RIO LANE CITY-ST-ZIP FORT MYERS, FL 33919 | <input type="checkbox"/> Delete | | TITLE PD NAME VAN AUKEN, ROBBIE STREET ADDRESS 1020 WITTMAN DR. CITY-ST-ZIP FORT MYERS, FL 33919 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | | | DATE: 4/15/05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Daytime Phone # | | |

30039061



04052005 Chg-P CR2E034 (10/03)