

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91245 015 ***150.00

DOCUMENT # P02000128328 1. Entity Name PERFECTION SERVICES OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 2700 SCUPPERNONG ROAD LABELLE, FL 33935		Mailing Address POST OFFICE BOX 2005 ALVA, FL 33935	
2. Principal Place of Business 504 Center Rd. Bld. B unit 2 Ft. Myers, Fla. 33907 USA		3. Mailing Address 504 Center Rd. Ft. Myers Fla. 33907	
4. FEI Number 04-3730614		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, TODD 2700 SCUPPERNONG ROAD LABELLE, FL 33935		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PST GRANT, TODD 2700 SCUPPERNONG ROAD LABELLE, FL 33935	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Kent Wiseman 6106 Plumosa Ave. Ft. Myers FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMMONS, JOSEPH D 352 LAKE VIEW DR. NORTH FORT MYERS, FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DONAVON, JOHN V 6343 MARK LN. FORT MYERS, FL 33912	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP
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:		4/30/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

94083236



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