

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90007 037 ***550.00

DOCUMENT # P02000132480



1. Entity Name
PREMIER MORTGAGE OF SOUTH WEST FLORIDA, INC.

Principal Place of Business
9853 TAMiami TRAIL NORTH
SUITE 227 B
NAPLES, FL 34108 US

Mailing Address
PO BOX 110673
NAPLES, FL 34108 US

44000864



2. Principal Place of Business

9696 BONITA BEACH ROAD

Suite, Apt. #, etc.

2016

City & State

BONITA SPRINGS, FLORIDA

Zip

34135

Country

U.S.A

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

07202004 Chg-P CR2E034 (10/03)

4. FEI Number
27-0040935

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CITARELLA, WILLIAM G
3220 BERMUDA ISLE CIRCLE
1132
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Name

WILLIAM G CITARELLA

Street Address (P.O. Box Number is Not Acceptable)

822 9TH AVENUE N

City

NAPLES

FL

Zip Code

34108

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 **WILL A. TILL**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-21-04

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CITARELLA, WILLIAM G**
STREET ADDRESS **3220 BERMUDA ISLE CIRCLE, APT 1132**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE **P** ☐ Delete
NAME **WILLIAM G CITARELLA**
STREET ADDRESS **822 9TH AVENUE N**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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)(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: **WILL A. TILL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-04

Date

Daytime Phone #