


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-07-2004 90046 019 ***150.00

DOCUMENT # P03000020165					
1. Entity Name MT PROPERTIES OF SOUTHWEST FLORIDA, INC.					
Principal Place of Business 4450 GREENWOOD STABLES RD SARASOTA FL 34235			Mailing Address 4450 GREENWOOD STABLES RD SARASOTA FL 34235		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 14-1873751	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MOORE, JOHN L 200 S ORANGE AVE SARASOTA FL 34236				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 reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	NAME		Delete <input type="checkbox"/>		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Delete <input type="checkbox"/>		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Delete <input type="checkbox"/>		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Delete <input type="checkbox"/>		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Delete <input type="checkbox"/>		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Delete <input type="checkbox"/>		
STREET ADDRESS	CITY-ST-ZIP				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS	CITY-ST-ZIP				
TITLE	NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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: <u>MARK BROWER</u> 4-3-04 (741) 223-2529					

Attachment

66413995
#PD3000020165

AMOUNT OF DEPOSIT (Do NOT type, please print.)		DOLLARS		CENTS	
Mark the "X" in this box only if there is a change to Employer Identification Number (EIN) or Name.					
See instructions on page 1.					
BANK NAME/ DATE STAMP					
EIN 14-1873751 222412					
MT PROPERTIES OF SOUTHWEST FLORIDA INC 4450 GREENWOOD STABLES RD SARASOTA FL 34235-2315					
IRS USE ONLY					
FOR BANK USE IN MICR ENCODING					
19 2 Telephone number ()					
Federal Tax Deposit Coupon Form 8109 (Rev. 12-2000)					

Darken only one TYPE OF TAX		Darken only one TAX PERIOD	
0 941	0 945	0 1st Quarter	0 1st Quarter
0 990-C	0 1120	0 2nd Quarter	0 2nd Quarter
0 943	0 990-T	0 3rd Quarter	0 3rd Quarter
0 720	0 990-PF	0 4th Quarter	0 4th Quarter
0 CT-1	0 1042		
0 940			

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