


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

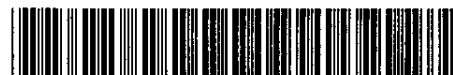
FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90027 007 ***150.00

DOCUMENT # P03000028615	
1. Entity Name HOMEWORKS OF SOUTHWEST FLORIDA, INC.	

Principal Place of Business 1245 MILL CREEK RD. BRADENTON FL 34212	Mailing Address 1245 MILL CREEK RD. BRADENTON FL 34212
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2. Principal Place of Business 6709 Proctor Rd.	3. Mailing Address 6709 Proctor Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State SARASOTA FL.	City & State SARASOTA FL.
Zip 34241	Zip 34241
Country USA	Country USA

4. FEI Number 061681677	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 SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MCCORMICK, TIMOTHY J 1245 MILL CREEK RD. BRADENTON FL 34212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KATZENBERGER, GEORGE 1245 MILL CREEK RD. BRADENTON FL 34212 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCCORMICK, SHAYLA M 1245 MILL CREEK RD. BRADENTON FL 34212 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GEORGE KATZENBERGER 6709 PROCTOR RD. SARASOTA FL. 34241 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAREN E. KATZENBERGER 6709 PROCTOR RD. SARASOTA FL. 34241 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIMOTHY J. MCCORMICK 1245 MILL CR. RD. BRADENTON FL 34212 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 and all officers empowered.

SIGNATURE: **GEORGE KATZENBERGER** **2/19/04** **941.773.8199**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #