2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004
Secretary of State

DOCUMENT# P03000028802

Entity Name: SMW OF SW FLORIDA, INC.

Current Principal Place of Business:

5610 DIVISION DRIVE
FORT MYERS, FL 33905

New Principal Place of Business:

2211 ANDREA LANE
SUITE 100
FORT MYERS, FL 33912

Current Mailing Address:

5610 DIVISION DRIVE
FORT MYERS, FL 33905

New Mailing Address:

2211 ANDREA LANE
SUITE 100
FORT MYERS, FL 33912

FEI Number: 56-2324864 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, SHAWN M
5610 DIVISION DRIVE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

WILLIAMS, SHAWN M
2211 ANDREA LANE
SUITE 100
FORT MYERS, FL 33912 US

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.

SIGNATURE: SHAWN M. WILLIAMS 03/24/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WILLIAMS, SHAWN M
Address: 5610 DIVISION DRIVE
City-St-Zip: FORT MYERS, FL 33901 US

Title: D ( ) Delete
Name: WILLIAMS, SHAWN M
Address: 5610 DIVISION DRIVE
City-St-Zip: FORT MYERS, FL 33905 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: WILLIAMS, SHAWN M
Address: 2211 ANDREA LN, STE 100
City-St-Zip: FORT MYERS, FL 33912 US

Title: D (X) Change ( ) Addition
Name: WILLIAMS, SHAWN M
Address: 2211 ANDREA LN, STE 100
City-St-Zip: FORT MYERS, FL 33905 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN M. WILLIAMS P 03/24/2004
Electronic Signature of Signing Officer or Director Date