
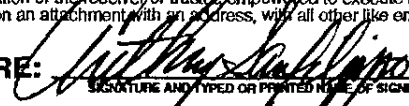


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000033287 1. Entity Name RESIDENTIAL CONCEPTS OF SW FLORIDA INC.			
Principal Place of Business 1621 N TAMIAMI TRAIL UNIT 3 N FT MYERS, FL 33903		Mailing Address 1621 N TAMIAMI TRAIL UNIT 3 N FT MYERS, FL 33903	
DO NOT WRITE IN THIS SPACE			
01122005 No Chg-P CR2E034 (10/03)			
4. FEI Number 01-0773854		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 SANFILIPPO, ANTHONY 1621 N TAMIAMI TRAIL UNIT 3 N FT MYERS, FL 33903		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE U00000186524 01/21/05-80058-008 150.00	
P SANFILIPPO, ANTHONY 1621 N TAMIAMI TRAIL UNIT 3 N FT MYERS, FL 33903			
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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: 		1-14-05 239-997-7600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	