

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000033287

FILED  
Apr 22, 2008  
Secretary of State

**Entity Name:** RESIDENTIAL CONCEPTS OF SW FLORIDA INC.

**Current Principal Place of Business:**

15431 CRYSTAL LAKE DR.  
NORTH FORT MYERS, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

15431 CRYSTAL LAKE DR.  
NORTH FORT MYERS, FL 33917

**New Mailing Address:**

**FEI Number:** 01-0773854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANFILIPPO, ANTHONY  
15431 CRYSTAL LAKE DR.  
NORTH FORT MYERS, FL 33917 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SANFILIPPO, ANTHONY  
Address: 1621 N TAMiami TRAIL UNIT 3  
City-St-Zip: N FT MYERS, FL 33903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SANFILIPPO, ANTHONY  
Address: 601 SE 30TH STREET  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** ANTHONY SANFILIPPO

PRES

04/22/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date