

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90999 031 \*\*\*150.00

**DOCUMENT # P03000034159**



1. Entity Name  
**HERITAGE INVESTMENTS OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business  
**2018 SOUTHEAST 21ST STREET  
CAPE CORAL, FL 33990**

Mailing Address  
**2018 SOUTHEAST 21ST STREET  
CAPE CORAL, FL 33990**

**14019021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04302004

Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BUCKLEY, J. PATRICK  
1633 S.E. 47TH TERRACE  
CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name  
**Dale A. Blow**

Street Address (P.O. Box Number is Not Acceptable)  
**2018 SE 21st Street**

City  
**Cape Coral**

**FL**

Zip Code  
**33990**

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

*Dale A. Blow*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-29-04**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BLOW, ANNETTE  
2018 SOUTHEAST 21ST STREET  
CAPE CORAL, FL 33990** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BLOW, DALE A  
2018 SOUTHEAST 21ST STREET  
CAPE CORAL, FL 33990** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Dale A. Blow*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-04**

Date

**(239)  
772-9354**

Daytime Phone #