2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE (

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P03000060979 04-29-2004 90245 039 ***150.00 SOUTHWEST HOME INVESTMENTS, INC. Principal Place of Business Mailing Address 13202 HEATHER RIDGE LOOP FORT MYERS FL 33912 13202 HEATHER RIDGE LOOP FORT MYERS FL 33912 **34072356** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For -63 05-05 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IAVARONI, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 13202 HEATHER RIDGE LOOP FORT MYERS FL 33912 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE S \$150.00 After May 1, 2004 Fee Will be \$650.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Delete Addition IAVARONI, RICHARD D NAME NAME STREET ADDRESS 13202 HEATHER RIDGE LOOP STREET ADORESS FORT MYERS FL 33912 CITY-ST-ZIP CITY-ST-ZIP TITLE TITL F Change Addition RANNEY. NAME NAME 17572 PHLOX DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Date

Daytime Phone #