

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 09, 2004 8:00 am
Secretary of State

05-05-2004 90217 010 ***150.00

66427519



04222004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000075553

1. Entity Name
WELL WORTH IT RESTORATION SERVICES OF SWF, INC.



Principal Place of Business
**1045 COLLIER CTR WAY
SUITE 10
NAPLES, FL 34110**

Mailing Address
**1045 COLLIER CTR WAY
SUITE 10
NAPLES, FL 34110**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
200079480

Applied For
☐ Not Applicable

5. Certificate or Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SOUTHWEST PROFESSIONAL SERVICES OF S FL, I
13571 MCGREGOR BLVD
#22
FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORMAN, MICHAEL 10070 BOCA CIR NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORMAN, MARILYN 10070 BOCA CIR NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONALD, DIANNE 11 PILGRIM RD PEMBROKE, MA 02359 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Marilyn Gorman **MARILYN GORMAN** 5/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

003000015553

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Will Worth & Associates, Inc. SUI Inc.
TAX TRANSMITTAL MEMO

FLORIDA CORPORATION ANNUAL REPORT

The attached form is your:

You should file this now although it will not be delinquent until May 1st. If you fail to file this form, you will receive a reminder. REINSTATEMENT IS EXPENSIVE. CORPORATION WILL BE DISSOLVED BY THE STATE.

SIGN THE TAX FORM, MAKE YOUR CHECK FOR \$150.00 payable to SECRETARY OF STATE and mail to: Division of Corporations, Annual Reports Section, P.O. Box 1500, Tallahassee, FL 32302-1500 in the enclosed envelope.

Return this to us.

Date Paid 5/1/84 Check # 5144

E. K. Williams & Co. of Ft. Myers

TM-20.FRM