

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90004 029 \*\*\*150.00

DOCUMENT # P03000080532

1. Entity Name  
SOUTHWEST SOLUTIONS, INC.



Principal Place of Business  
3367 BAILEY ROAD  
SARASOTA, FL 34237

Mailing Address  
3367 BAILEY ROAD  
SARASOTA, FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07262004

Chg-P

CR2E034 (10/03)

4. FLI Number

56-2411024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NIEDERPRUEM, JOYCE G  
3367 BAILEY ROAD  
SARASOTA, FL 34237

Name

Street Address (P.O. Box Number's 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

(Signature, business name and address of registered agent and fee paid)

(Signature, business name and address of registered agent and fee paid)

Date

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME NIEDERPRUEM, JOYCE G  
STREET ADDRESS 3367 BAILEY ROAD  
CITY ST ZIP SARASOTA, FL 34237

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE D ☐ Delete  
NAME NIEDERPRUEM, DAVID M  
STREET ADDRESS 3367 BAILEY ROAD  
CITY ST ZIP SARASOTA, FL 34237

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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)(c), 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 a "other" like empowered.

SIGNATURE:

Joyce Niederpruem

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR