

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90134 040 ***150.00

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1. Entity Name
SOUTHWEST SOLUTIONS, INC.



Principal Place of Business

**3367 BAILEY ROAD
SARASOTA, FL 34237**

Mailing Address

**3367 BAILEY ROAD
SARASOTA, FL 34237**

14016061



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-2411024

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**NIEDERPRUEM, JOYCE G
3367 BAILEY ROAD
SARASOTA, FL 34237**

**DO NOT WRITE
IN THIS SPACE**

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 *Joyce G. Niederpruem*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

TITLE
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STREET ADDRESS
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #