



2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000097717 1. Entity Name FLORIDA SOUTHWESTERN ENVIRONMENTAL, INC.				FILED CLERK OF STATE DIVISION OF CORPORATION 04 AUG -3 PM 2:43	
Principal Place of Business 15050 US HWY 301 DADE CITY, FL 33525		Mailing Address PO BOX 1467 DADE CITY, FL 33526			
2. Principal Place of Business 15000 US Hwy 301 Suite, Apt. #, etc.		3. Mailing Address PO Box 1764 Suite, Apt. #, etc.			
City & State DADE City		City & State DADE City		4. FEI Number 35-2218193	
Zip 33525		Zip 33526		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLFELDER, KURT 2916 EVENTIDE ROAD JACKSONVILLE, FL 32259		7. Name and Address of New Registered Agent Name Robert Norberg Street Address (P.O. Box Number is Not Acceptable) 1251 Prishwa Place City Kurtz FL Zip Code 33549			
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 <u><i>Robert P. Norberg</i></u> Managing Director + Sec, 7-29-04 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTS <input type="checkbox"/> Delete NAME MCCALLY, BRIAN S STREET ADDRESS 13970 SE 47TH STREET ROAD CITY-ST-ZIP OCKLAWAHA, FL 32179			TITLE MS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Robert Norberg STREET ADDRESS 1251 Prishwa Place CITY-ST-ZIP Kurtz FL 33549		
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Delete STREET ADDRESS <input type="checkbox"/> Delete CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE PIT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Brian S. McCally STREET ADDRESS 13970 SE 47 Street Rd CITY-ST-ZIP Ocklawaha FL 32179		
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Delete STREET ADDRESS <input type="checkbox"/> Delete CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 200040251422 STREET ADDRESS 08/17/04--01059--012 **61.25 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Delete STREET ADDRESS <input type="checkbox"/> Delete CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u><i>Brian S. McCally</i></u> 7/29/04 352 567 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					