2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State
09-08-2004 90116 028 ***150.00

DOCUMENT # P03000116313

1. Entity Name
STEEL MAGNOLIAS OF S.W. FLORIDA, INC.

54071894

Principal Place of Business	Mailing Address
406 LOUIS AVE LEHIGH ACRES, FL 33972	406 LOUIS AVE LEHIGH ACRES, FL 33972

08302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5781 Lee Blvd #302	5781 Lee Blvd #302
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh Acres FL	City & State: Lehigh Acres FL
Zip: 33971 Country: USA	Zip: 33971 Country: USA

4. FEI Number: 90-0113972 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HAWKINS, MICHELL L
~~406 LOUIS AVE~~
~~LEHIGH ACRES, FL 33972~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 5781 Lee Blvd. #302
City: Lehigh Acres FL Zip Code: 33971

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 ____________________

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 / NAME / STREET ADDRESS / CITY ST ZIP	DP HAWKINS, MICHELL L ~~406 LOUIS AVE~~ ~~LEHIGH ACRES, FL 33972~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	5781 Lee Blvd #302 Lehigh Acres FL 33971	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DVP MURPHY HAINES, WENDY D ~~6680 EASTWOOD ACRES RD~~ ~~FT. MYERS, FL 33972~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	5781 Lee Blvd #302 Lehigh Acres FL 33971	☑ Change ☐ 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: Michell L. Hawkins 8/31/04 239-275-7766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #