


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000142253
 1. Entity Name
 SOUTHWEST TOPPINGS INC



Principal Place of Business Mailing Address
 21976 CELLINI AVE 21976 CELLINI AVE
 PORT CHARLOTTE, FL 33952 PORT CHARLOTTE, FL 33952

DO NOT WRITE IN THIS SPACE



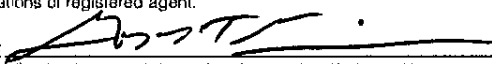
02062007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0429494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 GARRISON, GREG
 21976 CELLINI AVE
 PORT CHARLOTTE, FL 33952

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  DATE _____

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reselecting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARRISON, GREG
STREET ADDRESS	21976 CELLINI AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	T
NAME	GARRISON, GREG
STREET ADDRESS	21976 CELLINI AVE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000631697
 02/20/07-80057-018 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR