

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-03-2004 90716 025 ***150.00

DOCUMENT # P03000146804

1. Entity Name
D.C. SERVICES SWF, INC.



Principal Place of Business
8151 HENDERSON GRADE
NORTH FORT MYERS, FL 33917

Mailing Address
8151 HENDERSON GRADE
NORTH FORT MYERS, FL 33917

66426185



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0590756

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WRIGHT, CHRISTINE F ESQ
4427 SE 16 PL #2
CAPE CORAL, FL 33904

Name

Street Address (P.O. Box Number is 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, 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, 2004 Fee will be \$350.00

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
COUGHLIN, DENNIS
STREET ADDRESS
8151 HENDERSON GRADE
CITY-ST-ZIP
N FT MYERS, FL 33917

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change

☐ Addition

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: Dennis J. Coughlin Dennis J. Coughlin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04

Date

239-340-5370

Daytime Phone #