


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

|   |                                      |                     |  |   |  |
|---|--------------------------------------|---------------------|--|---|--|
| <b>DOCUMENT # P04000042849</b><br>1. Entity Name<br><b>SOUTHWEST SALES CORPORATION</b>  |                                      |                     |  |   |  |
| Principal Place of Business<br><b>4515 SWORDFISH DR<br/>BRADENTON FL 34208</b>  |                                      |                     | Mailing Address<br><b>4515 SWORDFISH DR<br/>BRADENTON FL 34208</b> |   |  |
| 2. Principal Place of Business  |                                      | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                      | Suite, Apt. #, etc. |  |   |  |
| City & State  |                                      | City & State        |  |   |  |
| Zip   | Country                              | Zip                 | Country  | 4. FEI Number <b>61-1468811</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                                      |                     |  | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WHITESIDE, CARL W<br/>4515 SWORDFISH DR<br/>BRADENTON FL 34208</b>  |                                      |                     |  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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 _____<br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>  |                                      |                     |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |                                      |                     |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May :<br>Added to Fee   |  |
| 10. OFFICERS AND DIRECTORS  |                                      |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11              |   |  |
| TITLE   | DPVT <input type="checkbox"/> Delete |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| NAME  | WHITESIDE, CARL W                    |                     | NAME   |   |  |
| STREET ADDRESS  | 4515 SWORDFISH DR                    |                     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | BRADENTON FL 34208                   |                     | CITY - ST - ZIP  |   |  |
| TITLE   | S <input type="checkbox"/> Delete    |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| NAME  | WHITESIDE, CARL W                    |                     | NAME   |   |  |
| STREET ADDRESS  | 4515 SWORDFISH DR                    |                     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   | BRADENTON FL 34208                   |                     | CITY - ST - ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete      |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| NAME  |                                      |                     | NAME   |   |  |
| STREET ADDRESS  |                                      |                     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   |                                      |                     | CITY - ST - ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete      |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| NAME  |                                      |                     | NAME   |   |  |
| STREET ADDRESS  |                                      |                     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   |                                      |                     | CITY - ST - ZIP  |   |  |
| TITLE   | <input type="checkbox"/> Delete      |                     | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Add  |  |
| NAME  |                                      |                     | NAME   |   |  |
| STREET ADDRESS  |                                      |                     | STREET ADDRESS   |   |  |
| CITY - ST - ZIP   |                                      |                     | CITY - ST - ZIP  |   |  |



1st MOORE CR2E034 (10/05)

4. FEI Number **61-1468811** Applied For  
Not Applicable

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

**U000000427057**  
**02/20/06-80070-004 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report of 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: CARL W Whiteside DPVT 2/6/2006 941-749-088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #