## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000125607

17800 FRANK RD.

( ) Delete

NORTH FORT MYERS, FL 33917

15530 PEPPERTREE CT.

ALVA, FL 33920

BAUER, JEFF

Address

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Sep 27, 2007 Secretary of State

Entity Na	me: SOUTH	WEST CONSTRUCT	FION SERVICES OF	F SW FL., IN	C.			
Current Principal Place of Business:				New Principal Place of Business:				
212 WALLACE AVE LEHIGH ACRES, FL 33971				6970 BUCKINGHAM ROAD FORT MYERS, FL 33905				
Current Mailing Address:				New Mailing Address:				
212 WALLACE AVE LEHIGH ACRES, FL 33971				6970 BUCKINGHAM ROAD FORT MYERS, FL 33905				
FEI Number	: 20-3476560	FEI Number Applied	d For ( ) FEI Nu	mber Not Appl	icable ( )	Certifica	te of Status Desi	red ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
FORT MYI	KINGHAM R ERS, FL 339		ent for the purpose o	of changing i	ts registered	d office or re	egistered agen	ıt, or both,
SIGNATUI								
SIGNATOR		onic Signature of Reg				Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	SABISTON, J	IGHAM ROAD		Title: Name: Address: City-St-Zip:		() Change (	( ) Addition	
Title: Name: Address: City-St-Zip:	D VP CURCIO, JOI 8581 GLENL FORT MYER	YON CT		Title: Name: Address: City-St-Zip:		()Change(	( ) Addition	
Title: Name:	DT GRIFFIN, MA	( ) Delete RK		Title: Name:	DT SABISTON,	(X) Change( JULIE	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: JULIE SABISTON Ρ 09/27/2007

6970 BUCKINGHAM ROAD

FORT MYERS, FL 33905

6970 BUCKINGHAM ROAD

FORT MYERS, FL 33905

SABISTON, JULIE

(X) Change ( ) Addition