

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000047175

FILED
Aug 31, 2008
Secretary of State

Entity Name: SOUTHWEST FLORIDA TELEMAGEMENT SERVICES, INC.

Current Principal Place of Business:

2268 CAPE HEATHER CIRCLE
CAPE CORAL, FL 33991 US

New Principal Place of Business:

Current Mailing Address:

2268 CAPE HEATHER CIRCLE
CAPE CORAL, FL 33991 US

New Mailing Address:

FEI Number: 20-4650317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRICH, KEITH E ESQ
DEL RIO & HENRICH L.L.P.
250 NE 25TH ST., #907
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

SACCENTE, MARK F
2268 CAPE HEATHER CIRCLE
CAPE CORAL
FL, FL 33991 US

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.

SIGNATURE: MARK SACCENTE

08/31/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR () Change (X) Addition
Name: SACCENTE, NICOLE M DIR
Address: 2268 CAPE HEATHER CIRCLE
City-St-Zip: CAPE CORAL, FL 33991

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.

SIGNATURE: NICOLE M. SACCENTE

DIR

08/31/2008

Electronic Signature of Signing Officer or Director

Date