

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000039022

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA REMOVAL SERVICE INC.

**Current Principal Place of Business:**

3045 JUNE CIRCLE  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

3045 JUNE CIRCLE  
LABELLE, FL 33935

**New Mailing Address:**

**FEI Number:** 45-2040610

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

MCKENZIE, ALONZO C  
3045 JUNE CIRCLE  
LABELLE, FL 33935 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: ALONZO MCKENZIE

05/01/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MCKENZIE, WILLIE  
Address: 3045 JUNE CIRCLE  
City-St-Zip: LABELLE, FL 33935

Title: VSTD  
Name: MCKENZIE, ALONZO  
Address: 3045 JUNE CIRCLE  
City-St-Zip: LABELLE, FL 33935

I hereby 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 all other like empowered.

SIGNATURE: ALONZO MCKENZIE

VSTD

05/01/2012

Electronic Signature of Signing Officer or Director

Date