



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90010 011 ***150.00

DOCUMENT # P93000015441					
1. Entity Name SOUTHWEST FLORIDA WATER PERMITTING SERVICE, INC.					
Principal Place of Business 1020 10TH AV. W. PALMETTO, FL 34221			Mailing Address 1020 10TH AV. W. PALMETTO, FL 34221		
2. Principal Place of Business 1020 10TH AV. W. Suite, Apt. #, etc. Suite 69 City & State PALMETTO FL Zip 34221 Country U.S.A.		3. Mailing Address 1020 10TH AV. W. Suite, Apt. #, etc. Suite 69 City & State PALMETTO FL Zip 34221 Country U.S.A.			
4. FEI Number 65-0389321				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEPHENS, JOHN A 3424 U.S. HIGHWAY 301 ELLENTON, FL FL342-22			7. Name and Address of New Registered Agent Name John A. Stephens Street Address (P.O. Box Number is Not Acceptable) 1020 10TH AV. W. Suite 69 City PALMETTO FL Zip Code 34221		
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 <u>John A. Stephens</u> <u>John A. Stephens</u> <u>2/27/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST STEPHENS, JOHN A. 3424 U.S. HWY 301 ELLENTON, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST John A Stephens 1020 10TH AV. W Suite 69 PALMETTO FL. 34221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>John A. Stephens</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/27/04</u> Daytime Phone # <u>941 722-4541</u>		