

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90034 012 ***150.00

DOCUMENT # P93000042115

1. Entity Name
SOUTHWEST GULF SHORE ENTERPRISES, INC.



Principal Place of Business
**11595 KELLY ROAD
STE. 204
FT. MYERS, FL 33908 US**

Mailing Address
**11595 KELLY ROAD
STE. 204
FT. MYERS, FL 33908 US**



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0418514	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WILKIN, WARREN J JR
14930 CALEB DRIVE
FORT MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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 WARREN J. WILKIN JR. President
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

03-25-05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DR.
NAME	WILKIN, WARREN J JR
STREET ADDRESS	14930 CALEB DR
CITY-ST-ZIP	FORT MYERS, FL

TITLE	D
NAME	JOHNTHAN, WILKIN
STREET ADDRESS	14930 CALEB DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33908

*Resigned
12-31-03*

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #