


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2005 08:00 AM
Secretary of State

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| DOCUMENT # P93000064279 | |  |
| 1. Entity Name SOUTHWEST FLORIDA PASTA, INC. | | |
| Principal Place of Business 1690 TAMiami TR PT CHARLOTTE, FL 33948 | Mailing Address C/O WILLIAM MARTIN 425 CROSS ST #4 PUNTA GORDA, FL 33950 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent MARTIN, WILLIAM 425 CROSS ST #4 PUNTA GORDA, FL 33950 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST BOTELSON, ROGER 280 S OXFORD DR ENGLEWOOD, FL 34223 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP MARTIN, WILLIAM 381 RDEEN DR ENGLEWOOD, FL 34223 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, RONALD A 1499 S MCCALL RD ENGLEWOOD, FL 34223 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WELLBAUM, R.W. JR 1160 S MCCALL RD ENGLEWOOD, FL 34223 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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>William Martin</u> WILLIAM MARTIN 4/17/05 941-639-7878 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |



03132005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0438209 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

**DO NOT WRITE
IN THIS SPACE**

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04/30/05-80049-014 150.00