


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90046 048 ***150.00

DOCUMENT # P94000008667	
1. Entity Name PROFESSIONAL HOME WATCHERS OF S/W FL., INC.	

Principal Place of Business 11059 LAKELAND CIRCLE FORT MYERS FL 33913 US	Mailing Address P O BOX 61238 FT MYERS FL 33906 US
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2. Principal Place of Business 6611 Lakeshore Lane Suite, Apt. #, etc. Apt. 817 City & State Fort Myers, FL Zip 33912	3. Mailing Address Suite, Apt. #, etc. City & State Country U.S.A.
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MOORE CR2E034 (11/03)

4. FEI Number 65-0574084	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 MEYERS, CHARLES 11059 LAKELAND CIRCLE FORT MYERS FL 33913	
7. Name and Address of New Registered Agent Name same Street Address (P.O. Box Number is Not Acceptable) 6611 Lakeshore Lane Apt. 817 City Fort Myers FL Zip Code 33912	

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	P MEYERS, CHARLES 11059 LAKELAND CIRCLE FORT MYERS FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 6611 Lakeshore Lane, Apt. 817 Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MEYERS, DAVID J 11059 LAKELAND CIRCLE FORT MYERS FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 6611 Lakeshore Lane, Apt. 817 Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MEYERS, GRACE A 11059 LAKELAND CIRCLE FORT MYERS FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same same 6611 Lakeshore Lane, Apt. 817 Fort Myers, FL 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MEYERS, MARIANNE 11059 LAKELAND CIRCLE FORT MYERS FL 33913 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	same Marianne Skubinski 8852 Cypress Preserve Place Fort Myers, FL 33912 <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

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: *Charles Meyers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles Meyers

March 24, 2004 239-561-0075

Date Daytime Phone #