

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000010523

1. Entity Name

BRUNSWICK ENTERPRISES OF SOUTHWEST FLORIDA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 20 AM 10:11

Principal Place of Business

J & M AIR CONDITIONING
7091 PINNACLE DR SUITE E
FORT MYERS FL 33907
US

Mailing Address

J & M AIR CONDITIONING
7091 PINNACLE DR SUITE E
FORT MYERS FL 33907
US

7/12/04 01051 001 165.00



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0465137

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUNSWICK, ROGER M
7091 PINNACLE DR
SUITE E
FORT MYERS FL 33907

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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

TITLE D ☐ Delete
NAME BRUNSWICK, ROGER M
STREET ADDRESS 3774 CRACKER WAY
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE D ☐ Delete
NAME BRUNSWICK, ANITA F
STREET ADDRESS 3774 CRACKER WAY
CITY-ST-ZIP BONITA SPRINGS FL 34134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(f), 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.

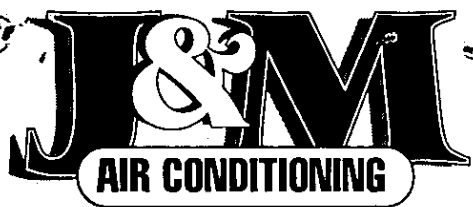
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Per Ref. 1/2/04



STATE CERTIFIED CACO57613

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June 29, 2004

Division of Corporations
Attention: Patricia Bailey
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #: P94000010523

Please find attached a copy of the cashier's ck #13937498 that was sent out on 04/13/2004. I am putting a stop payment on this ck, as it has not been cashed as of 06/29/2004.

Please accept the attached cashier's ck as payment in full \$165.00.

Thank you in advance for your cooperation in this matter. Please call with any questions or concerns regarding this matter.

Sincerely,

James A. Zientara
Accountant