

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90036 049 ***150.00

DOCUMENT # P94000021826

1. Entity Name

SOUTHWEST INTERIORS, INC.



Principal Place of Business

**204 A CENTER RD
FT. MYERS FL 33907
US**

Mailing Address

**PO BOX 2236
FT. MYERS FL 33902
US**

2. Principal Place of Business

6610 CHIPPER LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

NORTH FT. MYERS, FL.

City & State

Zip

33917-4307

Country

US

Zip

Country

4. FEI Number

65-0476384

Applied For

Not Applicable

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

Name

**SINGLETARY, JIMMY L
204 A CENTER RD
F
FT. MYERS FL 33907**

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

6610 CHIPPER LANE

City

NORTH FT. MYERS, FL.

FL

Zip Code

33917-4307

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 reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SINGLETARY, JIMMY L.
204A CENTER RD
FT MYERS FL 33907**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SINGLETARY, CHARLOTTE R.
204A CENTER RD
FT MYERS FL 33907**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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)(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

JIMMY L. SINGLETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/04 239-543-9910
Date Daytime Phone #