


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90103 033 ***150.00

DOCUMENT # P94000029390	
1. Entity Name SOUTHWEST PROFESSIONAL SERVICES OF FORT MYERS, INC.	

Principal Place of Business 8059 QUEEN PALM LANE 721 FORT MYERS, FL 33912	Mailing Address 8059 QUEEN PALM LANE 721 FORT MYERS, FL 33912
---	---

2. Principal Place of Business 11305 WINE PALM RD. Suite, Apt. #, etc.	3. Mailing Address 11305 WINE PALM RD. Suite, Apt. #, etc.
---	---

City & State FORT MYERS FL.	City & State FORT MYERS FL.
Zip 33912	Zip 33912
Country U.S.	Country U.S.

40079468

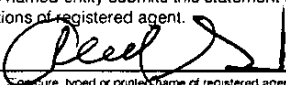


04272005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0478167	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 GOLDBERG, PATRICIA 8059 QUEEN PALM LANE #721 FORT MYERS, FL 33912	7. Name and Address of New Registered Agent Name HERITAGE TAX & CONSULTING SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 11220 METRO PKWY #3 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.

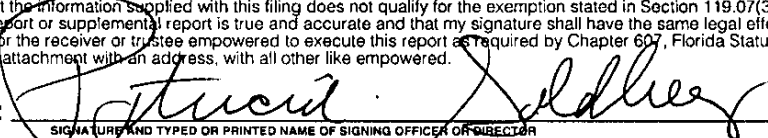
SIGNATURE:  **DAVID W. BROWN, V.P.** DATE: **4/17/05**

(NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, PATRICIA 8059 QUEEN PALM LANE, #721 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, PATRICIA 11305 WINE PALM RD. 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
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
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:  DATE: **4/17/05** DAYTIME PHONE: **235-3451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR