2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000029390

1. Entity Name

SOUTHWEST PROFESSIONAL SERVICES OF FORT MYERS, INC.

FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

11305 WINE PALM RD FORT MYERS, FL 33912

SIGNATURE:

Mailing Address

11305 WINE PALM RD

FORT MYERS, FL 33912



DO	NOT	WRITE	IN	THIS	SPA	CF
	144	AAISI E	117		VI 7	\sim $-$

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5. Certificate of Status Desired Security Securi

6. Name and Address of Current Registered Agent

HERITAGE TAX & CONSULTING SERVICES, INC 11220 METRO PKWY #3 FORT MYERS, FL 33912

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									
Signature, typed or printed name of registered agent and title it applicable (NOTE. Registered Agent signature required when reinstating) DATE									
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	TORS	1						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, PATRICIA 11305 WINE PALM RD FORT MYERS, FL 33912				U00000538900				
title Name Street Address City-St-Zip		400			05/09/05-80080-001 150.90				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE				
THE 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 exemptions contained in Chapter 119, 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 ampowered.									