


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000051656
 1. Entity Name
INTEGRATED TECHNOLOGIES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business Mailing Address
3800 FOWLER **1754 SANDY CIRCLE**
BLDG 1 UNIT 1 **CAPE CORAL, FL 33904 US**
FORT MYERS, FL 33901 US

DO NOT WRITE IN THIS SPACE



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0509512 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DUCA, CHRISTOPHER J
1754 SANDY CIRCLE
CAPE CORAL, FL 33904

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:  DATE: **3/11/2004**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

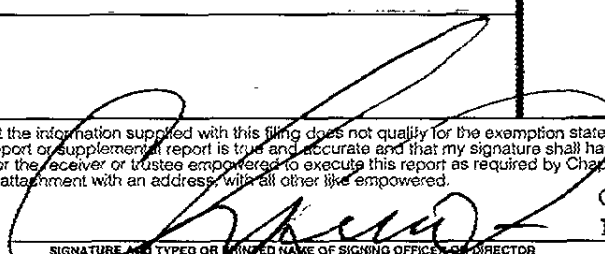
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUCA, CHRIS J 1754 SANDY CIR. CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DUCA, L SUSIE 1754 SANDY CIR. CAPE CORAL, FL 33904
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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:  C. J. Duca, **3-11-2004**
 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #