


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000062084**

1. Entity Name  
SOUTHWEST FLORIDA REPORTING SERVICES, INC.



Principal Place of Business: 1100 5 AVE S, SUITE 201, NAPLES, FL 34102 US

Mailing Address: P.O. BOX 9161, NAPLES, FL 34101

**DO NOT WRITE IN THIS SPACE**



06102005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0624253 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

RIDDLE, MELINDA P  
2500 AIRPORT ROAD SOUTH  
SUITE 311  
NAPLES, FL 34112

**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]* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | P                   |
| NAME           | BEAUVAIS, SABRINA C |
| STREET ADDRESS | POB 9161 N/A        |
| CITY-ST-ZIP    | NAPLES, FL 34101    |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

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06/15/05-80001-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* 6-10-05 239 774-2224

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