

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P94000073036

1. Entity Name

SOUTHWEST ENTERPRISES, INC.



Principal Place of Business  
14500 US 41 SOUTH  
FORT MYERS FL 33908

Mailing Address  
14500 US 41 SOUTH  
FORT MYERS FL 33908

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

6. Name and Address of Current Registered Agent

HOUGHTON, KATHLEEN S  
% SOUTHWEST ENTERPRISES INC  
14500 US 41 SOUTH  
FORT MYERS FL 33908

Name

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

City

FL

Zip Code

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, 2005 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

TITLE D  Delete  
NAME HOUGHTON, KATHLEEN S  
STREET ADDRESS % SOUTHWEST ENTERPRISES INC 14500 US 41 S  
CITY-ST-ZIP FORT MYERS FL 33908

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

U00000199667  Change  Add  
01/27/05-80101-010 150.00

TITLE VP  Delete  
NAME PROVENZANO, HENRY  
STREET ADDRESS 14500 US 41 S  
CITY-ST-ZIP FORT MYERS FL 33908

Change  Add

TITLE  Delete  
NAME  
STREET ADDRESS  
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)(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 changed, or on an attachment with an address, with all other like empowered.

KATHLEEN S HOUGHTON

SIGNATURE: Kathleen S. Houghton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 239-4817377  
Data Daytime Phone