

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000010153

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA CONSTRUCTION OF LEE COUNTY, INC.

**Current Principal Place of Business:**

634 SW 4TH TERRACE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4394  
N. FT. MYERS, FL 33998 US

**New Mailing Address:**

**FEI Number:** 65-0549978      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAHAM, RICHARD M  
634 SW 4TH TERRACE  
CAPE CORAL, FL 33991 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTS  
Name: GRAHAM, RICHARD M  
Address: 634 S.W. 4TH. TERRACE  
City-St-Zip: CAPE CORAL, FL 33991

Title: V  
Name: GRAHAM, STEFEN  
Address: 1239 FORSYTH DRIVE  
City-St-Zip: NORTH FORT MEYERS, FL 33903

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD GRAHAM

PTS

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date