

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90007 029 ***150.00

DOCUMENT # P96000056261

1. Entity Name
SW FLORIDA PARTNERS, INC.



Principal Place of Business
6025 CARLTON LAKES BLVD
NAPLES, FL 33963

Mailing Address
6025 CARLTON LAKES BLVD
NAPLES, FL 33963

2. Principal Place of Business

3. Mailing Address

6704 LOVE OAK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004

Chg-P

CR2E034 (10/03)

City & State

City & State

NAPLES FL

4. FEI Number

65-0683030

Applied For

Not Applicable

Zip

Country

Zip

34109

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STERLING, JACK
6025 CARLTON LAKERS BLVD
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name

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

6704 LOVE OAK BLVD

City

NAPLES

FL

Zip Code

34109

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 reconstituting)

DATE

Jack I. Sterling 7/6/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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 D ☐ Delete
NAME CLAUSSEN, ROBERT G
STREET ADDRESS 6025 CARLTON LAKES BLVD
CITY-ST-ZIP NAPLES, FL 33963

TITLE D ☐ Delete
NAME CLAUSSEN, CHRISTOPHER G
STREET ADDRESS 6025 CARLTON LAKES BLVD
CITY-ST-ZIP NAPLES, FL 33963

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(i), 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:

Robert G. Clausen Director Robert G. Clausen

7/6/04

239 596-9067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #