

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000097747 1. Entity Name SWF UTILITY METERING, INC.	
--	---

Principal Place of Business P O BOX 2701 BONITA SPRINGS, FL 34133-2701	Mailing Address P O BOX 2701 BONITA SPRINGS, FL 34133-2701
--	--

DO NOT WRITE IN THIS SPACE



03142005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3409733	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ERDMAN, GREGORY A 3645 BONITA BEACH RD STE 3 BONITA SPRINGS, FL 34134

**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.

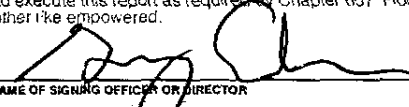
SIGNATURE _____ Signature of typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature is required when enclosing)	DATE _____
--	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	000000326834 04/25/05-80013-016 158.75
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D ERDMAN, CHARLES J JR 27008 OAKWOOD LAKE DR BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY ST ZIP	D ERDMAN, GREGORY A 3575 BONITA BEACH RD BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE
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: GREGORY ERDMAN  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-19-05 (237) 992-8833 Date Daytime Phone #
--	---