


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000018037</b> 1. Entity Name REALTY & MANAGEMENT OF S.W. FLORIDA INC.	
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Principal Place of Business 15270 CANONGATE DRIVE FT MYERS, FL 33912	Mailing Address P.O. BOX 61278 FT. MYERS, FL 33906
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**DO NOT WRITE IN THIS SPACE**



01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0352226	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, IAN  
15270 CANONGATE DRIVE  
FT MYERS, FL 33912

**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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, IAN 15270 CANONGATE DR. FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, THOMAS F 1053 N TOWN & RIVER DRIVE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/19/05-80004-017 150.00

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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: IAN ANDERSON - DIRECTOR JAN 14, 05 (239) 218-2989  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #