


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000027787	
1. Entity Name HOMEWATCH OF SW FLA INC.	

Principal Place of Business 4233 SW 23RD AVE CAPE CORAL, FL 33914	Mailing Address 4233 SW 23RD AVE CAPE CORAL, FL 33914
--	--



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0732423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CASALE, CHRISTINE M 4233 SW 23RD AVE CAPE CORAL, FL 33914

**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 Christine M. Casale 4/21/04
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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution, ☐ **\$5.00 May Be Added to Fees**

U000000126808

04/23/04-80048-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CASALE, ALFRED A 4233 SW 23 AVE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/V CASALE, ALFRED T 1551 UTOPIA PKWY WHITESTONE, NY 11357
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S CASALE, CARMELLA T 1551 UTOPIA PKWY WHITESTONE, NY 11357
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CASALE, ALFRED A 4233 SW 23RD AVENUE CAPE CORAL, FL 33914
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)(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: Alfred Casale President 4/21/04 2399457633
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #