


**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  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CASALE, CHRISTINE M  
 4233 SW 23RD AVE  
 CAPE CORAL, FL 33914

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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 DATE: 4/21/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

U00000126808  
 04/23/04-80048-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASALE, ALFRED A
STREET ADDRESS	4233 SW 23 AVE
CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D/V
NAME	CASALE, ALFRED T
STREET ADDRESS	1551 UTOPIA PKWY
CITY-ST-ZIP	WHITESTONE, NY 11357
TITLE	D/S
NAME	CASALE, CARMELLA T
STREET ADDRESS	1551 UTOPIA PKWY
CITY-ST-ZIP	WHITESTONE, NY 11357
TITLE	V
NAME	CASALE, ALFRED A
STREET ADDRESS	4233 SW 23RD AVENUE
CITY-ST-ZIP	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 DATE: 4/21/04 DAYTIME PHONE #: 239 945 7633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR