


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90089 031 ***150.00

DOCUMENT # P97000057204					
1. Entity Name KAMEN INVESTMENTS OF SOUTHWEST FLORIDA INC.					
Principal Place of Business 1076 INDUSTRIAL BLVD. NAPLES, FL 34104			Mailing Address 1076 INDUSTRIAL BLVD. NAPLES, FL 34104		
2. Principal Place of Business		3. Mailing Address 127 Willoughby Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Naples, FL			
Zip	Country	Zip 34110	Country USA	4. FEI Number 59-3460255	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOURSE, KATHLEEN M 5080 CEDAR SPRINGS DRIVE, #101 NAPLES, FL 34110			7. Name and Address of New Registered Agent Name: Kathleen M. Nourse Street Address (P.O. Box Number is Not Acceptable): 127 Willoughby Drive City: Naples FL Zip Code: 34110		
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: <i>Kathleen M. Nourse</i> DATE: 3/8/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME NOURSE, KATHLEEN M STREET ADDRESS 5080 CEDAR SPRINGS DRIVE, #101 CITY-ST-ZIP NAPLES, FL 34110	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 127 Willoughby Drive STREET ADDRESS Naples, FL 34110 CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME NOURSE, JOSEPH P STREET ADDRESS 8075 SNA VISTA CIRCLE CITY-ST-ZIP NAPLES, FL 34109		
TITLE D <input type="checkbox"/> Delete NAME NOURSE, MARK A STREET ADDRESS 2632 OUTRIGGER LANE CITY-ST-ZIP NAPLES, FL 34104	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME NOURSE, MICHAEL E JR STREET ADDRESS 2575 14TH STREET NORTH CITY-ST-ZIP NAPLES, FL 34103		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME NOURSE, MICHAEL E JR STREET ADDRESS 2575 14TH STREET NORTH CITY-ST-ZIP NAPLES, FL 34103		
TITLE <input type="checkbox"/> Delete NAME NOURSE, MICHAEL E JR STREET ADDRESS 2575 14TH STREET NORTH CITY-ST-ZIP NAPLES, FL 34103	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME NOURSE, MICHAEL E JR STREET ADDRESS 2575 14TH STREET NORTH CITY-ST-ZIP NAPLES, FL 34103		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME NOURSE, MICHAEL E JR STREET ADDRESS 2575 14TH STREET NORTH CITY-ST-ZIP NAPLES, FL 34103		
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: <i>Michael E. Nourse</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 2/28/05 Daytime Phone #: 234-262-7228		