


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004 8:00 am
Secretary of State

09-10-2004 90006 012 ***150.00

DOCUMENT # P97000073103

1. Entity Name
SOUTHWEST QUALITY TOOLS, INC.



Principal Place of Business Mailing Address

3907 DELPARDO BLVD **3907 DELPARDO BLVD**
C-103 **C-103**
CAPE CORAL, FL 33904 **CAPE CORAL, FL 33904**

54072504



2. Principal Place of Business 3. Mailing Address

4020 SE 20 PL **4020 SE 20 PL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
F-4 **F-4**

08302004 Chg-P CR2E034 (10/03)

City & State City & State

CAPE CORAL FL **CAPE CORAL FL**

Zip Country Zip Country

33904 **USA** **33904** **USA**

4. FEI Number Applied For

65-0776481 Not Applicable

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

6. Name and Address of Current Registered Agent

TYNER, NOEL
3907 DEL PRADO BLVD
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4020 SE 20 PL CA F-4

City State Zip Code

CAPE CORAL **FL** **33904**

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TYNER, NOEL	
STREET ADDRESS	3907 DE PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	P	<input type="checkbox"/> Delete
NAME	TYNER, NOEL	
STREET ADDRESS	3907 DEL PRADO BLVD	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Noel Tyner **NOEL TYNER** Date: 9/10/04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

239-940-0000

Attachment

07/6/04

54072504
P97000673103

Sir, I am requesting a waiver of the \$400 late
fee. I did not receive notice of this
annual report due May 15th.

Yours truly
Noel Tijer