


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000084990 1. Entity Name SOUTHWEST SERVICES INC.	
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Principal Place of Business 5257 STRATFORD COURT CAPE CORAL, FL 33904	Mailing Address 5257 STRATFORD COURT CAPE CORAL, FL 33904
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0786688	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

**LUCAS, JASON K
5257 STRATFORD COURT
CAPE CORAL, FL 33904**

**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: *Jason Lucas* **6/30/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC LUCAS, JASON K. 5257 STRATFORD CT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS LUCAS, SHERRY E. 5257 STRATFORD CT CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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07/07/04-80031-006 150.00

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: *Jason Lucas* **6/30/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DAYTIME PHONE #