


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P97000085994		
1. Entity Name SUNBELT HOMES OF SOUTHWEST FLORIDA, INC.		
Principal Place of Business 2055 TRADE CENTER WAY NAPLES, FL 34109		Mailing Address 2055 TRADE CENTER WAY NAPLES, FL 34109
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WOOD, G. STUART 2055 TRADE CENTER WAY NAPLES, FL 34109		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 _____ <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, 2004 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		1100000105672 04/07/04-80035-004 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COTTER, JEFFREY J 90 MINNEHAHA CIR MAITLAND, FL 32751	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOOD, G. STUART 2055 TRADE CENTER WAY NAPLES, FL 34109	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____