2004 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P97000088087

1. Entity Name CURB SYSTEMS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

10964 K NINE DR BONITA SPRINGS, FL 34135 Mailing Address

10964 K NINE DR

BONITA SPRINGS, FL 34135

FILED Feb 02, 2004 08:00 AM Secretary of State



01082004 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3475657

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

BASS, RAYMOND L JR. 2335 TAMIAMI TRL., N., STE. 409 NAPLES, FL 34103

SIGNATURE:

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 Signature, types or printed name of registered agent and title if applicable. (NOTE Registered Agent signature inquired when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	02/04/04-80016-021 158.75
10.	OFFICERS AND DIREC	TORS		· · · · · · · · · · · · · · · · · · ·	<u></u>
TITLE NATAE STREET ADDRESS CITY-ST-ZIP	D TSCHETTER, GARY 1135 7TH ST., S. NAPLES, FL 34102				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE ISAME STPEET ADDRESS C/TY-SI-ZIP					
12. I hereby certify that the information supplied with this filling 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 accurrate and that my signature shall have the same legal effect as if made under eath; 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.					

YOR PRECTOR