

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90276 018 ***150.00

DOCUMENT # P98000012105

1. Entity Name
SOUTHWEST AUTOMATION, INC.



Principal Place of Business
**8384 VILLAGE CT.
FORT MYERS, FL 33919**

Mailing Address
**8384 VILLAGE CT.
FORT MYERS, FL 33919**

94076833



2. Principal Place of Business

12541 Metro Pkwy.
Suite, Apt. #, etc.

3. Mailing Address

12541 Metro Pkwy.
Suite, Apt. #, etc.

04272004

Chg-P

CR2E034 (10/03)

City & State

Fort Myers, FL
Zip Country

City & State

Fort Myers, FL
Zip Country

4. FEI Number

65-0810285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SALVESEN, SELMER M
8384 VILLAGE CT.
FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name **Joseph A. Bartlett**

Street Address (P.O. Box Number is Not Acceptable)
4625 SW 20th Avenue

City **Cape Coral**

FL

Zip Code **33914**

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 **Joseph A. Bartlett**

JOSEPH A. BARTLETT

4/28/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **SALVESEN, SELMER M**
STREET ADDRESS **8384 VILLAGE CT.**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME **Joseph A. Bartlett**
STREET ADDRESS **4625 SW 20th Avenue**
CITY-ST-ZIP **Cape Coral, FL 33914**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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: **Joseph A. Bartlett**

JOSEPH A. BARTLETT

4/28/04

239-25-7344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #