

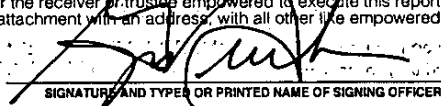


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90071 009 ***150.00

DOCUMENT # P98000022288 1. Entity Name SOUTHWEST FLORIDA EQUITIES CORPORATION																																																																																																																																																													
Principal Place of Business 6700-1 DANIELS PARKWAY FORT MYERS, FL 33912			Mailing Address 6700-1 DANIELS PARKWAY FORT MYERS, FL 33912																																																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																																																											
04112005 Chg-P CR2E034 (10/03)				4. FEI Number 65-0825859																																																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																									
6. Name and Address of Current Registered Agent BUNDSCHU, CHRIS 6700-1 DANIELS PKWY- FORT MYERS, FL 33912			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																										
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%;">Delete</td> </tr> <tr> <td>NAME</td> <td>PD BUNDSCHU, CHRIS</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6700-1 DANIELS PKWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT MYERS, FL 33912</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD KRAFT, DON</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>6700-1 DANIELS PKWY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FORT MYERS, FL 33912</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD BUNDSCHU, GAYLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>6700-1 DANIELS PKWY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>FORT MYERS, FL 33912</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	PD BUNDSCHU, CHRIS	<input type="checkbox"/>	STREET ADDRESS	6700-1 DANIELS PKWY		CITY-ST-ZIP	FORT MYERS, FL 33912		TITLE	VPD KRAFT, DON	<input checked="" type="checkbox"/> Delete	NAME	6700-1 DANIELS PKWY		STREET ADDRESS	FORT MYERS, FL 33912		CITY-ST-ZIP			TITLE	STD BUNDSCHU, GAYLE	<input type="checkbox"/> Delete	NAME	6700-1 DANIELS PKWY		STREET ADDRESS	FORT MYERS, FL 33912		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			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1114 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">NAME</td> <td style="width:40%;">Change</td> <td style="width:40%;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/>	<input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/>	<input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/>	<input type="checkbox"/>	NAME				STREET ADDRESS				CITY-ST-ZIP				TITLE		<input type="checkbox"/>	<input type="checkbox"/>	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:  Gayle Bundschu 4/11/05 239-693-1000 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																													