

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90005 025 ***150.00

DOCUMENT # P98000030974

1. Entity Name
**WILLIAM HUMPHREY & ASSOCIATES OF SOUTHWEST
FLORIDA, INC.**



Principal Place of Business
**9453 DISCOVERY TERR
#201
BRADENTON, FL 34212**

Mailing Address
**16449 EDMONT DR.
FT. MYERS, FL 33908**

44046527



2. Principal Place of Business

9453 DISCOVERY TERR

Suite, Apt. #, etc.

201

City & State

BRADENTON FL

Zip

34212

Country

3. Mailing Address

9453 DISCOVERY TERR

Suite, Apt. #, etc.

201

City & State

BRADENTON FL

Zip

34212

Country

US

03182003

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0826522

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SW PROFESSIONAL SER. OF FT MYERS, INC
16449 EDMONT DR.
FT. MYERS, FL 33908**

7. Name and Address of New Registered Agent

Name
SW PROFESSIONAL SERVICES OF SO. FL INC
Street Address (P.O. Box Number is Not Acceptable)

13571 MCGREGOR BLVD # 22

City

FORT MYERS

FL

Zip Code

33919

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]

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
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HUMPREY, WILLIAM F
16449 EDMONT DR.
FT. MYERS, FL 33908** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WILLIAM HUMPHREY
9453 DISCOVERY TERR # 201** ☒ Change ☐ Addition

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

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

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

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

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

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/2004
Date

Daytime Phone #