


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000034560		
1. Entity Name LOA OF SOUTHWEST FLORIDA, INC.		

05 SEP 30 AM 9:27

Principal Place of Business 12100 SW ACADEMY DRIVE LAKE SUZY, FL 34269	Mailing Address 12100 SW ACADEMY DRIVE LAKE SUZY, FL 34269
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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REINSTATEMENT 05

4. FEI Number 65-0828237	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GLASTONBURY, SHERI 162 COUSLEY DR PORT CHARLOTTE, FL 33952	7. Name and Address of New Registered Agent Name: Sheri Glastonbury Street Address (P.O. Box Number is Not Acceptable): 12100 SW Academy Dr City: Lake Suzy FL Zip Code: 34269
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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: <u>Sheri Glastonbury</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE: <u>9/29/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SHEPARD, DAVID 12408 SW SHERI STREET LAKE SUZY, FL 34269 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060223620 10/04/05--01071--012 ***750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GLASTONBURY, SHERI 162 SE COUSLEY DR PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS Glastonbury, Sheri 12100 SW Academy Dr Lake Suzy FL 34269 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Sheri Glastonbury</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <u>9/29/05</u> DAYTIME PHONE #: <u>941-764-0456</u>