

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90259 029 \*\*\*150.00

<b>DOCUMENT # P98000070938</b> 1. Entity Name SOUTHWEST PROFESSIONAL SERVICES, INC.			
Principal Place of Business 4533 BEECHWOOD LAKE DRIVE NAPLES, FL 34112		Mailing Address 4533 BEECHWOOD LAKE DRIVE NAPLES, FL 34112	
2. Principal Place of Business 2891 68th ST. S.W. Suite, Apt. #, etc.		3. Mailing Address 2891 68th ST. S.W. Suite, Apt. #, etc.	
City & State NAPLES, FL Zip 34105		City & State NAPLES, FL Zip 34105	
4. FEI Number 59-3493382		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02102004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  KENDALL, WILLIAM 4533 BEECHWOOD LAKE DRIVE NAPLES, FL 34112		7. Name and Address of New Registered Agent Name WILLIAM KENDALL Street Address (P.O. Box Number is Not Acceptable) 2891 68th ST. S.W. City NAPLES FL Zip Code 34105	
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>WILLIAM KENDALL PRES. William Kendall Pres. 4-23-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL, WILLIAM 4533 BEECHWOOD LAKE DRIVE NAPLES, FL 34112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL, WILLIAM 2891 68th ST. SW NAPLES, FL 34105
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
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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>William Kendall William Kendall</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-23-04</u> Daytime Phone # <u>239-732-5438</u>	