

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90059 018 ***150.00

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1. Entity Name
SOUTHWEST FLORIDA CUSTOM ELECTRONICS INC.

Principal Place of Business
**8720-4 ALICO ROAD
FT. MYERS, FL 33912**

Mailing Address
**PO BOX 1099
ESTERO, FL 33928**

40041000



2. Principal Place of Business - No P.O. Box #
8720-4 ALICO ROAD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01232008 Chg-P CR2E034 (12/06)

City & State
FORT MYERS

City & State

4. FEI Number
65-0919305

Applied For
Not Applicable

Zip
33912 Country
LEE

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KELLY, MIKE E
9701 DEVONWOOD CT.
FT. MYERS, FL 33912 67**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL 33947**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FLESH, ALFRED**
STREET ADDRESS **1050 S TOWN & RIVER DRIVE**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **VP** ☐ Delete
NAME **KELLY, MICHAEL**
STREET ADDRESS **9701 DEVONWOOD CT.**
CITY-ST-ZIP **FORT MYERS, FL 33912**

TITLE **S** ☐ Delete
NAME **FLESH, ELIZABETH**
STREET ADDRESS **1050 S TOWN & RIVER DRIVE**
CITY-ST-ZIP **FORT MYERS, FL 33919**

TITLE **D** ☐ Delete
NAME **SIMON, RONALD S**
STREET ADDRESS **1402 BEECHWOOD TRAIL**
CITY-ST-ZIP **FORT MYERS, FL 33919**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIKE KELLY

3-3-08 239-247-6363

Date

Daytime Phone #