

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042589

FILED
Feb 02, 2009
Secretary of State

Entity Name: SOUTHWEST FLORIDA CUSTOM ELECTRONICS INC.

Current Principal Place of Business:

8720-6 ALICO ROAD
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

PO BOX 1099
ESTERO, FL 33928

New Mailing Address:

PO BOX 1099
ESTERO, FL 33929

FEI Number: 65-0919305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, MIKE E
9701 DEVONWOOD CT.
FORT MYERS, FL 33967 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FLESH, ALFRED
Address: 1050 S TOWN & RIVER DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: VP () Delete
Name: KELLY, MICHAEL
Address: 9701 DEVONWOOD CT.
City-St-Zip: FORT MYERS, FL 33912

Title: S () Delete
Name: FLESH, ELIZABETH
Address: 1050 S TOWN & RIVER DRIVE
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: SIMON, RONALD S
Address: 1402 BEECHWOOD TRAIL
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE KELLY

VP

02/02/2009

Electronic Signature of Signing Officer or Director

Date