


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90510 039 ***158.75

DOCUMENT # P99000055219	
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1. Entity Name

SOUTHWEST ACRES, INC.

Principal Place of Business 13235 HWY 328 OCALA FL 34482	Mailing Address 13235 HWY 328 OCALA FL 34482 <i>5001 SW 20th St Ste 7509 Ocala FL 34474</i>
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2. Principal Place of Business <i>5001 SW 20th St Ste 7509 Ocala FL 34474</i>	3. Mailing Address <i>5001 SW 20th St Ste 7509 Ocala FL 34474</i>
Suite, Apt. #, etc. <i>ste 7509</i>	Suite, Apt. #, etc. <i>ste 7509</i>
City & State <i>Ocala FL</i>	City & State <i>Ocala FL</i>
Zip <i>34474</i>	Zip <i>34474</i>
Country <i>USA</i>	Country <i>USA</i>



MOORE CR2E034 (11/03)

4. FEI Number 59-3599527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KNIERIEMEN, KATHLEEN A 12650 SW 16 AVE OCALA FL 34473 <i>(McQuade/maiden name)</i> <i>new Address</i>	7. Name and Address of New Registered Agent Name <i>McQuade Kathleen</i> Street Address (P.O. Box Number is Not Acceptable) <i>5001 SW 20th St</i> <i># 7509</i> City <i>Ocala</i> FL Zip Code <i>34474</i>
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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 *Kathleen McQuade* DATE *4/10/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIERIEMEN, KATHLEEN (KATHLEEN) <input type="checkbox"/> Delete 13235 HWY 328 OCALA FL 34482	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>same</i> <i>McQuade (not Knieriemen)</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5001 SW 20th St #7509</i> <i>Ocala FL 34474</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUWIK, GREGORY D <input type="checkbox"/> Delete 13235 HWY 328 OCALA FL 34482	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>same</i> <i>same Kuwik Gregory D</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5001 SW 20th St #7509</i> <i>Ocala FL 34474</i>
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: *Kathleen McQuade* DATE: *4/10/04* DAYTIME PHONE: *352-598-4916*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR