

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90002 040 ***150.00

DOCUMENT # P99000066876

1. Entity Name
**WEALTH MANAGEMENT OF SOUTHWEST FLORIDA,
INC.**



Principal Place of Business
**9240 BONITA BEACH ROAD
#2209
BONITA SPRINGS, FL 34135**

Mailing Address
**9240 BONITA BEACH ROAD
#2209
BONITA SPRINGS, FL 34135**

54068552



08102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3588492

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WHITEMAN, GUY E
C/O HENDERSON FRANKLIN
1715 MONROE STREET
FT. MYERS, FL 33902**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BERNARDI, DENISE C
STREET ADDRESS 9240 BONITA BEACH RD STE 2209
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE VD
NAME LOVE, WILLIAM H
STREET ADDRESS 9240 BONITA BEACH RD STE 2209
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-04

Date

239998 5508

Daytime Phone #

Attachment
524068552

August 10, 2004

Wealth Management of Southwest Florida, Inc.
9240 Bonita Beach Road, Suite 2209
Bonita Springs, FL 34135

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporate Annual Report P99000066876

Dear Sirs,

We did not receive the postcard that the department sent out to corporations last spring. Accordingly we are now late with our filing. We are enclosing the annual report and a check for \$ 150.00. Please cancel and abate any penalties associated with the filing. Thank you for your consideration.

Very Truly Yours,



William Love