

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000080497

Entity Name

SOUTHVEST MANAGEMENT, INC.



**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90130 015 \*\*\*150.00

Principal Place of Business 10225 ULMERTON RD STE 3D LARGO FL 33771	Mailing Address 10225 ULMERTON RD STE 3D LARGO FL 33771
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MOORE CR2E034 (11/03)

1. Principal Place of Business 55 N. Indian Rocks Rd Suite, Apt. #, etc. Suite B City & State Belleair Bluffs FL Zip 33770 Country U.S.A	3. Mailing Address 455 N. Indian Rocks Rd Suite, Apt. #, etc. Suite B City & State Belleair Bluffs FL Zip 33770 Country U.S.A
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4. FEI Number 59-3598975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARSENAULT, KENNETH G JR 10225 ULMERTON ROAD, SUITE 2 LARGO FL 33771	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLES, WILLIAM G JR 10225 ULMERTON RD #3D LARGO FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 455 N. Indian Rocks Rd Suite B Belleair Bluffs FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS VELTMAN, DAVID 10225 ULMERTON RD #3D LARGO FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 455 N Indian Rocks Rd Suite B Belleair Bluffs FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP VELTMAN, GREG 10225 ULMERTON RD #3D LARGO FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 455 Indian Rocks Rd Suite B Belleair Bluffs FL 33770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William C Buckles* 4/30/04 727-584-7141