

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 27, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000086357**

1. Entity Name  
FSG OF SW FLORIDA INC



**Principal Place of Business**

1303 DEL PRADO BLVD  
CAPE CORAL, FL 33990

**Mailing Address**

2054 SE 28TH ST.  
CAPE CORAL, FL 33904

**DO NOT WRITE IN THIS SPACE**



03062003 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0950809

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PERANICH, DAN  
2054 S.E. 28TH STREET  
CAPE CORAL, FL 33904

**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 \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME WEARING, ARTHUR  
STREET ADDRESS 14949 WISE WAY  
CITY-ST-ZIP FT. MYERS, FL 33905

TITLE C  
NAME PERANICH, DAN A  
STREET ADDRESS 2054 SE 28TH ST.  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE P  
NAME PERANICH, DAN A  
STREET ADDRESS 2054 SE 28TH ST.  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ST  
NAME PERANICH, LISA J  
STREET ADDRESS 2054 SE 28TH ST.  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000161631  
05/27/04-80003-017 150.00

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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

Date

Daytime Phone #

*Dan A. Peranich* 5/13/04