2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 08, 2004 8:00 am Secretary of State **DOCUMENT # P99000086704** 1. Entity Name 04-08-2004 90030 021 ***150.00 SPECIAL NEEDS SERVICES CO. OF SOUTHWEST FL., INC. Principal Place of Business Mailing Address 4708 ORANGE GROVE BLVD. NORTH FT. MYERS FL 33903 4708 ORANGE GROVE BLVD. NORTH FT. MYERS FL 33903 2. Principal Place of Business 3. Mailing Address 8033 STILLWATER COURT Suite, Apt. #, etc. CR2E034 (11/03) Suite, Apt. #, etc MOORE 033 Applied For 4. FEI Number MYERS. FL 65-0982111 Not Applicable \$8.75 Additional 5. Certificate of Status Desired LEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OPPMANN, DANIEL J Street Address (P.O. Box Number is Not Acceptable) 4708 ORANGE GROVE BLVD. NORTH FT. MYERS FL 33903 City N. FT. MYERS 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 DANIEL J. OPPHANN) SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition TILLE PD ☐ Delete TIT) F NAME NAME OPPMANN, DANIEL J SR 8033 STRUWATER COURT STREET ADDRESS 4708 ORANGE GROVE BLVD. STREET ADDRESS N. FT. MYERS, FL 33903-4398 NORTH FT. MYERS FL 33903 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete BB F Addition TITLE NAME MALAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

IG OFFICER OR DIRECTOR

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