

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90015 004 ***150.00

DOCUMENT # S96401

1. Entity Name
SOUTHWEST QUALITY HOMES, INC.



Principal Place of Business

2190 J & C BLVD
NAPLES, FL 34109 US

Mailing Address

2190 J & C BLVD
NAPLES, FL 34109 US

00004023



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0312136

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MULLERSMAN, STEVEN J.
2190 J & C BLVD
NAPLES, FL 34109

**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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MULLERSMAN, STEVEN J
STREET ADDRESS 2190 J. & C. BLVD.
CITY-ST-ZIP NAPLES, FL

TITLE VTD
NAME MASON, MONICA L
STREET ADDRESS 2190 J. & C. BLVD.
CITY-ST-ZIP NAPLES, FL 34109

TITLE VSD
NAME MASON, JOSEPH L
STREET ADDRESS 2190 J. & C. BLVD.
CITY-ST-ZIP NAPLES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 exemptions contained in Chapter 119, 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: Steven J. Mullersman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/07

Date

239-591-0100

Daytime Phone #