

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90050 022 ***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

400050553



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0312136

Applied For
Not Applicable

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

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, 2008 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

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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

1/11/08 239-591-0100
Date Daytime Phone #