2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2008
Secretary of State

DOCUMENT# N03000003042

Entity Name: SWFTR, INC.

Current Principal Place of Business:

5207 2ND ST W
LEHIGH ACRES, FL 33917

New Principal Place of Business:

8050 FRIENDSHIP LN
NAPLES, FL 34120 48

Current Mailing Address:

8050 FRIENDSHIP LN
NAPLES, FL 34120

New Mailing Address:

FEI Number: 59-3692180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOULTON, JOE
5207 2ND ST W
LEHIGH ACRES, FL 33917 US

Name and Address of New Registered Agent:

OESTRIKE, SANDY
8050 FRIENDSHIP LN
NAPLES, FL 34120 US

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.

SIGNATURE: SANDY OESTRIKE 01/26/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOULTON, JOE
Address: 5207 2ND ST. WEST
City-St-Zip: LEHIGH ACRES, FL 33917

Title: VP ( ) Delete
Name: OESTRIKE, MIKE R
Address: 8050 FRIENDSHIP LN
City-St-Zip: NAPLES, FL 34120

Title: T ( ) Delete
Name: OESTRIKE, SANDY
Address: 8050 FRIENDSHIP LN
City-St-Zip: NAPLES, FL 34120

Title: S ( ) Delete
Name: OESTRIKE, SANDY
Address: 8050 FRIENDSHIP LN
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY OESTRIKE STRA 01/26/2008
Electronic Signature of Signing Officer or Director Date