


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90065 026 ***150.00

DOCUMENT # P97000092500
 1. Entity Name
SWEETWATER EAST INVESTMENT CO.



Principal Place of Business Mailing Address
684 DYSON ROAD **684 DYSON ROAD**
HAINES CITY, FL 33844 **HAINES CITY, FL 33844**

24033405

DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3471924	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DENNIS, WILLIAM J
605 SWEETWATER WAY
HAINES CITY, FL 33844

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W. PRES DENNIS, WILLIAM J WILLIAM PHELAN 605 SWEETWATER WAY 495 Sweetwater Way HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S V MINER, MARION J 601 SWEETWATER WAY HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKS, THOMAS 557 HARBOURVIEW DR HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RHEAUME, WAYNE M 509 EASTLAKE DR HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SR SEC MCCARTY, PATRICK BARBARA BARD 546 WATERCRESS DR 424 Harbourview Dr. HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Marion J Miner* **3-31-04** **863-421-0940**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #