
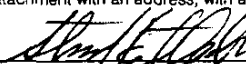


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90820 011 \*\*\*150.00

DOCUMENT # P97000092500					
1. Entity Name SWEETWATER EAST INVESTMENT CO.					
Principal Place of Business 684 DYSON ROAD HAINES CITY, FL 33844			Mailing Address 684 DYSON ROAD HAINES CITY, FL 33844		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3471924	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOCKERY, ELLEN 500 EASTLAKE DRIVE HAINES CITY, FL 33844			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOCKERY, ELLEN		NAME		
STREET ADDRESS	500 EASTLAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KATLESKI, STUART		NAME		
STREET ADDRESS	583 TEESDALE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DENNIS, GERTRUDE S		NAME		
STREET ADDRESS	454 SWEETWATER WAY		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIERSON, ROYCE		NAME		
STREET ADDRESS	582 TEESDALE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JACKSON, RON		NAME VP JACKSON, RON		
STREET ADDRESS	574 TEESDALE DR.	CHANGE TITLE	STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUYENS, RUTH		NAME		
STREET ADDRESS	441 Sweetwater Way		STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY, FL 33844		CITY-ST-ZIP		
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: 			4-26-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		