


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90021 021 \*\*\*150.00

**DOCUMENT # P98000043917**

1. Entity Name  
**S & W LEASING INC.**



Principal Place of Business      Mailing Address

19120 ALICE CIRCLE      19120 ALICE CIRCLE  
 LUTZ, FL 33558      LUTZ, FL 33558

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**11447 CHALLENGER AVE.**      **11447 CHALLENGER AVE.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**ODESSA, FL 33556**      **ODESSA, FL**

Zip      Country      Zip      Country


**33556**      **USA**      **33556**      **USA**

4102008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**59-3513283**      Not Applicable

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



6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT**  
 19120 ALICE CIRCLE  
 LUTZ, FL 33549

7. Name and Address of New Registered Agent

Name      **WILLIAMS, ROBERT**

Street Address (P.O. Box Number is Not Acceptable)

**20833 BROADWATER DR.**

City      State      Zip Code

**LAND O'LAKES**      **FL**      **34638**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT	NAME	
STREET ADDRESS	20833 BROADWATER DR.	STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES, FL 34638	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROTHER, CHARLES J	NAME	
STREET ADDRESS	15708 SHILLINGTON	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33624	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Robert Williams      **ROBERT WILLIAMS**      4/10/08      813-948-6241

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #