

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 533084

Entity Name: S & W KITCHENS, INC.

FILED
Apr 06, 2007
Secretary of State

Current Principal Place of Business:

461 E. HWY. 434
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

461 E. HWY. 434
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 59-1739232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIACCA, JEANETTE
110 FOXRIDGE RUN
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CUMMINGS, BRIAN S.,
Address: 2666 BENT HICKORY CIR
City-St-Zip: LONGWOOD, FL 32779

Title: VD () Delete
Name: TRIACCA, LEWIS F.,
Address: 110 FOXRIDGE RUN
City-St-Zip: LONGWOOD, FL 32750

Title: TD () Delete
Name: TRIACCA, JEANETTE,
Address: 110 FOXRIDGE RUN
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: STEENBEKE, JOSEPH J
Address: 1378 SHADY KNOLL CT.
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CUMMINGS, BRIAN S.,
Address: 416 TWISTING PINE CIRCLE
City-St-Zip: LONGWOOD, FL 32779

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANETTE TRIACCA

TD

04/06/2007

Electronic Signature of Signing Officer or Director

Date