


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90065 011 \*\*\*150.00

<b>DOCUMENT # 183585</b>			
1. Entity Name <b>SWIFT CLEANERS, INC.</b>			
Principal Place of Business <b>4114 HERSCHEL ST #111 JACKSONVILLE, FL 32210</b>		Mailing Address <b>1839 WOODMERE DR JACKSONVILLE, FL 32210</b>	
2. Principal Place of Business - No P.O. Box # <b>10110 San Jose Blvd.</b>		3. Mailing Address <b>10110 San Jose Blvd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32257</b>	Country <b>USA</b>	Zip <b>32257</b>	Country <b>USA</b>
4. FEI Number <b>59-0747225</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SAFER, ELIOT J 10110 SAN JOSE BLVD JACKSONVILLE, FL 32257</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	PTDS JOHNSTON, J G 4114 HERSCHEL ST. #111 JACKSONVILLE, FL 32210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Frailey, Ginger 335 Forest Valley Court Atlanta, GA 30342 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LeCain, Gayle 1396 N.W. 73rd Terrace Ocala, FL 34482 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Virginia J. Thompson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SENDING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____			

ATTACHMENT

40037316

#183585

**FORD, BOWLUS, DUSS, MORGAN, KENNEY, SAFER & HAMPTON, P.A.**  
Attorneys at Law

Michael Bowlus  
John S. Duss, IV  
Robert A. Ford (Retired)  
Wade McK. Hampton  
William J. Joos  
Theresa M. Kenney  
Robert M. Morgan  
Tara Newberry  
Eliot J. Safer  
Katherine B. Schnauss Naugle  
Jonathan M. Smith

**Reply to:**

**10110 San Jose Boulevard  
Jacksonville, Florida 32257**

3652 Crown Point Court  
Jacksonville, Florida 32257  
Tel (904) 268-7227  
Fax (904) 262-3337

**TRANSMITTAL MEMORANDUM**

**TO:** Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**FROM:** Eliot J. Safer, Esquire

**RE:** Swift Cleaners, Inc.  
Reference No. 183585

**DATE:** March 13, 2007

---

Enclosed please find the following:

our firm check for \$150.00

for payment of the Annual Report previously submitted (copy enclosed).

cc: Ginger Frailey