

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90063 025 ***150.00

DOCUMENT # 225751

1. Entity Name
J.D. SWEARINGEN EQUIPMENT CO., INC.



Principal Place of Business
2954 HWY 71 N.
MARIANNA, FL 32446 US

Mailing Address
P.O. BOX 797
MARIANNA, FL 32447 US

94067576



DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0871047

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWEARINGEN, J.D. SR.
4317 S. ST.
MARIANNA, FL 32448

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 P
NAME SWEARINGEN, J.D.
STREET ADDRESS 4317 S. ST.
CITY-ST-ZIP MARIANNA, FL

TITLE VP
NAME SWEARINGEN, J.D. JR.
STREET ADDRESS 4231 S. ST.
CITY-ST-ZIP MARIANNA, FL

TITLE ST
NAME LORD, JOY SWEARINGEN
STREET ADDRESS 2762 SOUTHRIDGE LANE
CITY-ST-ZIP MARIANNA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/16/04 850-526-2620

Date

Daytime Phone #