




FILED
Jan 11, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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	
DO NOT WRITE IN THIS SPACE			
		 01102008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-0871047	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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SWEARINGEN, J.D. 4317 S. ST. MARIANNA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SWEARINGEN, J.D. JR. 4231 S. ST. MARIANNA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LORD, JOY SWEARINGEN 2762 SOUTHRIDGE LANE MARIANNA, FL		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS 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: <i>J.D. Swearingen Sr.</i>		01/10/08 850-526-2620	