

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90064 022 \*\*\*150.00

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01282005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 230667</b> 1. Entity Name <b>SWARTSEL PROPERTIES, INC.</b>					
Principal Place of Business <b>4419 GRAND BLVD. NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>4419 GRAND BLVD. PO BOX 67 NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>4419 Grand Blvd.</b>  Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State <b>New Port Richey, FL 34652</b>  Zip                      Country		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SWARTSEL, E F 4419 GRAND BLVD. NEW PORT RICHEY, FL 34652</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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable.                      DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>P</b> <b>SWARTSEL, E F</b> <b>2825 BLUFF BLVD.</b> <b>HOLIDAY, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V</b> <b>SWARTSEL, MARK E</b> <b>10138 US HWY 19</b> <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>V</b> <b>SWARTSEL, MATTHEW G</b> <b>2076 TREVINO CIRCLE</b> <b>MELBOURNE, FL 32935</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>ST</b> <b>HAYES, MAJEL E</b> <b>5224 MILLER'S BOYOU DRIVE</b> <b>PORT RICHEY, FL 34668</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>SWARTSEL, MAJEL T.</b> <b>2825 BLUFF BLVD.</b> <b>HOLIDAY, FL</b>	<input type="checkbox"/> Delete			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <u><i>E. F. Swartsel</i></u> <b>E. F. Swartsel, President</b> <u>2/1/05</u> <u>727-849-7539</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #</small>					