

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90116 021 \*\*\*150.00

**DOCUMENT # 230667**

1. Entity Name  
**SWARTSEL PROPERTIES, INC.**



Principal Place of Business  
**4409 GRAND BLVD.  
NEW PORT RICHEY, FL 34652**

Mailing Address  
**4409 GRAND BLVD.  
NEW PORT RICHEY, FL 34652**

**60012406**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01262007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**SWARTSEL, E F  
4409 GRAND BLVD.  
NEW PORT RICHEY, FL 34652**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2007 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** ☐ Delete  
NAME **SWARTSEL, E F**  
STREET ADDRESS **2825 BLUFF BLVD.**  
CITY-ST-ZIP **HOLIDAY, FL**

TITLE **V** ☐ Delete  
NAME **SWARTSEL, MARK E**  
STREET ADDRESS **10138 US HWY 19**  
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **V** ☐ Delete  
NAME **SWARTSEL, MATTHEW G**  
STREET ADDRESS **2076 TREVINO CIRCLE**  
CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE **ST** ☐ Delete  
NAME **HAYES, MAJEL E**  
STREET ADDRESS **5224 MILLER'S BOYOU DRIVE**  
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **D** ☐ Delete  
NAME **SWARTSEL, MAJEL T.**  
STREET ADDRESS **2825 BLUFF BLVD.**  
CITY-ST-ZIP **HOLIDAY, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34691**

TITLE ☒ Change ☐ Addition  
NAME **Swartsel, Mark E.**  
STREET ADDRESS **5409 Cotee River Drive**  
CITY-ST-ZIP **New Port Richey, Florida 34652**

TITLE ☒ Change ☐ Addition  
NAME **V**  
STREET ADDRESS **2825 Bluff Blvd.**  
CITY-ST-ZIP **Holiday, Florida 34691**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **34691**

TITLE ☐ Change ☐ Addition  
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:**

*E.F. Swartsel*  
**E.F. Swartsel**

**January 29, 2007 727-849-7539**

Date

Daytime Phone #