

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 300284

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** SWANN INDUSTRIES CORPORATION

**Current Principal Place of Business:**

9917 COUNTY ROAD 252  
LIVE OAK, FL 32060 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 120  
MCALPIN, FL 32062 US

**New Mailing Address:**

**FEI Number:** 59-1117892

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RATLIFF, SUSAN S  
9917 COUNTY ROAD 252  
LIVE OAK, FL 32060 US

**Name and Address of New Registered Agent:**

SWANN, BARBARA A.  
9917 COUNTY ROAD 252  
LIVE OAK, FL 32060 US

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.

SIGNATURE: BARBARA A. SWANN

02/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SWANN, RONALD  
Address: 9917 COUNTY RD 252  
City-St-Zip: LIVE OAK, FL 32060

Title: S.T.  
Name: SWANN, BARBARA  
Address: 9917 COUNTY RD. 252  
City-St-Zip: LIVE OAK, FL 32060

Title: VP  
Name: RATLIFF, SUSAN S  
Address: 9033 143RD DRIVE  
City-St-Zip: LIVE OAK, FL 32060

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA A. SWANN

S.T.

02/07/2011

Electronic Signature of Signing Officer or Director

Date