



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 419264	
1. Entity Name JIM SWANN ENTERPRISES, INC.	

Principal Place of Business 516 DELANNOY AVE. COCOA, FL 32922	Mailing Address P.O. BOX 3767 COCOA, FL 32924-3767
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DO NOT WRITE IN THIS SPACE

	
02022007	No Chg-P
CR2E034 (11/05)	
4. FEI Number 59-1679065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
KIRSCHENBAUM, MALCOLM R 516 DELANNOY AVE COCOA, FL 32922	

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature typed or printed name of registered agent and title if applicable _____ DATE _____

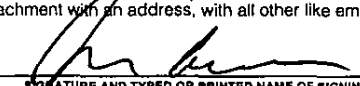
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWANN, JAMES TERRELL III 516 DELANNOY AVE COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KIRSCHENBAUM, MALCOLM R. 516 DELANNOY AVE COCOA, FL 32922
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U000000725894
05/03/07-80040-023-150.00

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:  **Jim Swann** **4/16/07** **321-632-4713**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____