2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 419264

1. Entity Name
JIM SWANN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
516 DELANNOY AVE. COCOA, FL 32922	P.O. BOX 3767 COCOA, FL 32924-3767

DO NOT WRITE IN THIS SPACE

01182008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1679065	Not Applicable

5. Certificate of Status Desired ☐ **$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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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, 2008 Fee will be $550.00	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000910723 05/07/08-80012-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SWANN, JAMES TERRELL III
STREET ADDRESS	516 DELANNOY AVE
CITY-ST-ZIP	COCOA, FL 32922

TITLE	STD
NAME	KIRSCHENBAUM, MALCOLM R.
STREET ADDRESS	516 DELANNOY AVE
CITY-ST-ZIP	COCOA, FL 32922

TITLE	
NAME	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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_   4/16/2008   321- 631-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #