


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90008 009 ***150.00

DOCUMENT # 459853 1. Entity Name SWOR, INC.	
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Principal Place of Business 6000 FOREST BLVD. FT. MYERS, FL 33908	Mailing Address 6000 FOREST BLVD. FT. MYERS, FL 33908
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DO NOT WRITE IN THIS SPACE



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1557896	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SWOR, DAVID 6000 FOREST VLVD FORT MYERS, FL 33908
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**DO NOT WRITE
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.

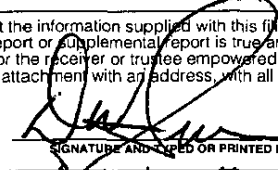
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PT SWOR, DAVID 6000 FOREST BLVD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SWOR, DORIS 6000 FOREST BLVD FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MALLETT, JUDY 6000 FOREST BLVD. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS 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 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID W. SWOR

3/16/04 **239-481-0111**
Date Daytime Phone #