


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 548355 1. Entity Name SWAN, INCORPORATED	
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Principal Place of Business 2610 PGA BLVD PALM BEACH GARDENS, FL 33410	Mailing Address 139 COUNTRY CLUB DRIVE TEQUESTA, FL 33469
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DO NOT WRITE IN THIS SPACE



04102004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1770383	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SWANBERG, PETER C. 139 COUNTRY CLUB DRIVE TEQUESTA, FL 33469	DO NOT WRITE IN THIS SPACE
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I, 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	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	S SWANBERG, MAUREEN A. 139 COUNTRY CLUB DRIVE TEQUESTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWANBERG, PETER C. 139 COUNTRY CLUB DRIVE TEQUESTA, FL
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IN THIS SPACE**

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04/23/04-80063-002 150.00

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 <i>Peter C. Swanberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	PETER C. SWANBERG	4/20/04 <small>Date</small>	561-626-8899 <small>Daytime Phone #</small>
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