

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90287 043 ***150.00

DOCUMENT # 573857			
1. Entity Name S.W. COWBOY, INC.			
Principal Place of Business 299 DONDANVILLE RD. ST AUGUSTINE FL 32080		Mailing Address 299 DONDANVILLE RD. ST AUGUSTINE FL 32080	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-1827386				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			7. Name and Address of New Registered Agent				
LAWLOR, PETER 11 OAK AVE V.B. ST. AUGUSTINE FL 32084			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, WILLIAM			NAME			
STREET ADDRESS	11 OAK AVE. V.B.			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, TERRY			NAME			
STREET ADDRESS	11 OAK AVE. V.B.			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEGNER, JUDITH			NAME			
STREET ADDRESS	11 A OAK AVE V.B.			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIERDA, JOHN (ASST)			NAME			
STREET ADDRESS	13A OAK AVE. V.B.			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SINGLETON, SCOTT			NAME			
STREET ADDRESS	11 A OAK AVE V.B.			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DROUILLARD, SHELLY			NAME			
STREET ADDRESS	11A OAK AVE. V.B.			STREET ADDRESS			
CITY-ST-ZIP	ST. AUGUSTINE FL			CITY-ST-ZIP			

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: SCOTT SINGLETON *[Signature]* President 4/7/04 904 8248897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #