


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90128 026 ***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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State
 Zip Country

4. FEI Number **59-1827386**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LAWLOR, PETER
11 OAK AVE V.B.
ST. AUGUSTINE FL 32084

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an other like empowered.

SIGNATURE: *William White* President *4/19/05*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #