

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

2007 SEP 17 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1827386

Applied For
Not Applicable

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

6. and Address of Current Registered Agent

LAWLOR, PETER
11 OAK AVE V.B.
ST. AUGUSTINE, FL 32084

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WHITE, TERRY
STREET ADDRESS	11 OAK AVE. V.B.
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	V
NAME	WEGNER, JUDITH
STREET ADDRESS	11 A OAK AVE V.B.
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	P
NAME	SINGLETON, SCOTT
STREET ADDRESS	11 A OAK AVE V.B.
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	S
NAME	DROUILLARD, SHELLY
STREET ADDRESS	11A OAK AVE. V.B.
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	AS
NAME	LAWLOR, PETER
STREET ADDRESS	11 OAK AVENUE
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400109521474
09/17/07--01045--008 **150.00

**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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President

9/1/07

904-8248897

9/1/8
20