2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 08:00 AM
Secretary of State

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

01172008 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. Name and Address of Current Registered Agent

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

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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, 2008 Fee will be $550.00

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

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	

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06/04/08-80092-002 *150.00

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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 like empowered.

SIGNATURE: _____ 4/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #