



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # 573857 1. Entry Name S.W. COWBOY, INC.	
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Principal Place of Business 299 DONDANVILLE RD. ST AUGUSTINE, FL 32080	Mailing Address 299 DONDANVILLE RD. ST AUGUSTINE, FL 32080
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**DO NOT WRITE IN THIS SPACE**

	
01172008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-1827386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LAWLOR, PETER 11 OAK AVE V.B. ST. AUGUSTINE, FL 32084	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

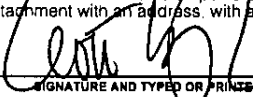
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, TERRY 11 OAK AVE. V.B. ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEGNER, JUDITH 11 A OAK AVE V.B. ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SINGLETON, SCOTT 11 A OAK AVE V.B. ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DROUILLARD, SHELLY 11A OAK AVE. V.B. ST. AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LAWLOR, PETER 11 OAK AVENUE SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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06/04/08-80092-002-150.00

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 reports 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 #