FILED
May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 655087

1. Entity Name
SWEDISH CLOGS, INC.

Principal Place of Business	Mailing Address
320 STATE RD 16 SAINT AUGUSTINE, FL 32084	320 STATE RD 16 SAINT AUGUSTINE, FL 32084

DO NOT WRITE IN THIS SPACE

04292004 No Chg-P CR2E094 (10/03)

4. FEI Number
59-2049853

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHANSSON, PETER
6788 CRESCENT COVE DR
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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JOHANSSON, PETER
STREET ADDRESS	6788 CRESCENT COVE DR.
CITY ST ZIP	ST. AUGUSTINE, FL
TITLE	S
NAME	JOHANSSON, ANDERS
STREET ADDRESS	207 MAPLE RD
CITY-ST-ZIP	ST. AUGUSTINE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000154304
05/04/04-80162-005 150.00

DO NOT WRITE IN THIS SPACE

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: Peter Johansson 04/29/04 904 824-8994
(SIGNATURE AND TYPED OR PRINTED NAME OF ELORIDA OFFICER OR DIRECTOR) (Date) (Daytime Phone #)