

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655087

Entity Name: SWEDISH CLOGS, INC.

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

320 STATE RD 16
SAINT AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

320 STATE RD 16
SAINT AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 59-2049653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHANSSON, PETER
6786 CRESCENT COVE DR
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JOHANSSON, PETER
Address: 6786 CRESCENT COVE DR.
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: S () Delete
Name: JOHANSSON, ANDERS
Address: 207 MAPLE RD
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER JOHANSSON

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date