

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 673395

FILED
Jul 07, 2008
Secretary of State

Entity Name: SWIFT AUTO REPAIRS, INC.

Current Principal Place of Business:

4401 SWIFT ROAD
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

4401 SWIFT ROAD
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-1891793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOCKLEY, JEFFREY L
3113 53RD STREET
SARASOTA, FL 34234 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GOCKLEY, JEFFREY L.,
Address: 3113 53RD STREET
City-St-Zip: SARASOTA, FL 34234

Title: ST () Delete
Name: AUGSBURGER, C. WAYNE,
Address: 4890 BRIGITTA DRIVE
City-St-Zip: SARASOTA, FL 34241

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: C WAYNE AUGSBURGER

ST

07/07/2008

Electronic Signature of Signing Officer or Director

_____ Date