


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # 713973 1. Entity Name SWAMP BUGGY, INC.	
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Principal Place of Business 8250 COLLIER BLVD PO BOX 990010 NAPLES, FL 34113	Mailing Address 8250 COLLIER BLVD PO BOX 990010 NAPLES, FL 34113
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04072008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1022904	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CANNON, THOMAS
5089 E TAMiami TrL
NAPLES, FL 34113

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	MCMAHON, CHUCK
STREET ADDRESS	14834 FRIPP ISLAND CT
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	T
NAME	CANNON, TOM
STREET ADDRESS	5089 S TAMiami TRAIL
CITY-ST-ZIP	NAPLES, FL 34113
TITLE	P
NAME	SWIFT, ROB
STREET ADDRESS	1891 PINE RIDGE RD
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/23/08-80076-001 61.25

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 617, 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:  **THOMAS Cannon** **4/9/08** **239-774-279**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #