2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 819862

1. Entity Name
SWISHER INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
20 THORNAL CIRCLE DARIEN, CT 06820	20 THORNDAL CIRCLE 1ST FLOOR DARIEN, CT 06820

DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1150320

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

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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)

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	MANN, TIMOTHY
STREET ADDRESS	459 E. 16TH. ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	FRALEIGH, JOHN E.
STREET ADDRESS	459 E. 16TH. ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	CORASANITI, RALPH
STREET ADDRESS	20 THORNDAL CIRCLE
CITY-ST-ZIP	DARIEN, CT 06820
TITLE	V
NAME	CEVERA, NICHOLAS J.
STREET ADDRESS	459 E. 16TH. ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	RYAN, J THOMAS
STREET ADDRESS	459 E. 16TH ST.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	BRITTON, ROBERT A
STREET ADDRESS	20 THORNDAL CIRCLE
CITY-ST-ZIP	DARIEN, CT

000001558012
05/05/04-60091-004 150.00

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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: _____ RALPH P. CORASANITI 4/30/04 203-604-8614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #