

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 819862**

1. Entity Name  
**SWISHER INTERNATIONAL, INC.**



Principal Place of Business

**20 THORNAL CIRCLE  
DARIEN, CT 06820**

Mailing Address

**20 THORNAL CIRCLE  
1ST FLOOR  
DARIEN, CT 06820**



03092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1150320</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

U00000673539  
03/29/07-80034-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-14-2007**  
Date

**203-650-8000**  
Daytime Phone #