

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90023 044 \*\*\*150.00

**DOCUMENT # 819862**

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



Principal Place of Business  
**20 THORNAL CIRCLE  
DARIEN, CT 06820**

Mailing Address  
**20 THORNDAL CIRCLE  
1ST FLOOR  
DARIEN, CT 06820**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03182008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

**59-1150320**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	FRALEIGH, JOHN E.	
STREET ADDRESS	459 E. 16TH. ST.	
CITY - ST - ZIP	JACKSONVILLE, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	CORASANITI, RALPH	
STREET ADDRESS	20 THORNDAL CIRCLE	
CITY - ST - ZIP	DARIEN, CT 06820	
TITLE	V	<input type="checkbox"/> Delete
NAME	CEVERA, NICHOLAS J.	
STREET ADDRESS	459 E. 16TH. ST.	
CITY - ST - ZIP	JACKSONVILLE, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RYAN, J THOMAS	
STREET ADDRESS	459 E. 16TH ST.	
CITY - ST - ZIP	JACKSONVILLE, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRITTON, ROBERT A	
STREET ADDRESS	20 THORNDAL CIRCLE	
CITY - ST - ZIP	DARIEN, CT	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CEVERA, NICHOLAS J.	
STREET ADDRESS	459 E. 16TH STREET	
CITY - ST - ZIP	JACKSONVILLE, FL 32206	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRITTON, ROBERT A.	
STREET ADDRESS	20 THORNDAL CIRCLE	
CITY - ST - ZIP	DARIEN, CT 06820	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-2008**

Date

**203-656-8000, x614**

Daytime Phone #