2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# 819862

Entity Name: SWISHER INTERNATIONAL, INC.

Current Principal Place of Business:

20 THORNAL CIRCLE
DARIEN, CT 06820

New Principal Place of Business:

Current Mailing Address:

20 THORNDAL CIRCLE
1ST FLOOR
DARIEN, CT 06820

New Mailing Address:

20 THORNAL CIRCLE
DARIEN, CT 06820

FEI Number: 59-1150320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: FRALEIGH, JOHN E.,
Address: 459 E. 16TH. ST.
City-St-Zip: JACKSONVILLE, FL

Title: V ( ) Delete
Name: CORASANITI, RALPH
Address: 20 THORNDAL CIRCLE
City-St-Zip: DARIEN, CT 06820

Title: VD ( ) Delete
Name: CEVERA, NICHOLAS J.,
Address: 459 E. 16TH. ST.
City-St-Zip: JACKSONVILLE, FL 32206

Title: PD ( ) Delete
Name: RYAN, J THOMAS
Address: 459 E. 16TH ST.
City-St-Zip: JACKSONVILLE, FL

Title: VD ( ) Delete
Name: BRITTON, ROBERT A
Address: 20 THORNDAL CIRCLE
City-St-Zip: DARIEN, CT 06820

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: CALDROPOLI, LOUIS A
Address: 459 EAST 16TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: V (X) Change ( ) Addition
Name: CORASANITI, RALPH P
Address: 20 THORNDAL CIRCLE
City-St-Zip: DARIEN, CT 06820

Title: VD (X) Change ( ) Addition
Name: CEVERA, NICHOLAS J JR.
Address: 459 EAST 16TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: PD (X) Change ( ) Addition
Name: RYAN, J THOMAS III
Address: 459 EAST 16TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

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: RALPH P. CORASANITI V 02/23/2009

Electronic Signature of Signing Officer or Director — Date