

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90071 040 ***150.00

DOCUMENT # 846500

1. Entity Name

SWIDERSKI IMPLEMENT & LIVESTOCK CO., INC.



Principal Place of Business

**32506 CRYSTAL BREEZE
LEESBURG FL 34788
US**

Mailing Address

**32506 CRYSTAL BREEZE
LEESBURG FL 34788
US**

94044061



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1017372

Applied For

Not Applicable

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

**SWIDERSKI, JOE JR
32506 CRYSTAL BREEZE LN
LEESBURG FL 34788**

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SWIDERSKI, JOE, JR.
STREET ADDRESS 32510 CRYSTAL BREEZE LANE
CITY-ST-ZIP LEESBURG FL 32506

TITLE SD ☐ Delete
NAME SWIDERSKI, JOAN
STREET ADDRESS 32510 CRYSTAL BREEZE LANE
CITY-ST-ZIP LEESBURG FL 32506

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME Joe Swiderski
STREET ADDRESS 32506 Crystal Breeze Lane
CITY-ST-ZIP Leesburg FL 34788

TITLE ☐ Change ☐ Addition
NAME Joan Swiderski
STREET ADDRESS 32506 Crystal Breeze Lane
CITY-ST-ZIP Leesburg, FL 34788

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Joan Swiderski **Joan Swiderski**

Date

April 1, 2004

Daytime Phone #

352

326-8982