


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 846867 1. Entity Name SWANN MOBILE HOME PARK, INC.	
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Principal Place of Business 1-14TH STREET WHEELING, WV 26003	Mailing Address 1-14TH STREET WHEELING, WV 26003
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DO NOT WRITE IN THIS SPACE



07162004 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0598694	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWANN, ROBERT D
8534 GIBSON OAKS DR
LAKE LAND, FL 33809

**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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWANN, JAMES E JR 1-14TH STREET WHEELING, WV 26003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWANN, WILLIAM B 1-14TH STREET WHEELING, WV 26003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWANN, MICHAEL J 1-14TH STREET WHEELING, WV 26003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIEGAN, KELLY A 1-14TH ST WHEELING, WV 26003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000168016
07/23/04-80006-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **PRESIDENT** 7/20/04 304)233-2270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #