


**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.



Principal Place of Business      Mailing Address  
1-14TH STREET                      1-14TH STREET  
WHEELING, WV 26003              WHEELING, WV 26003

**DO NOT WRITE IN THIS SPACE**



07162004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**55-0598694**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

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

SWANN, ROBERT D  
8534 GIBSON OAKS DR  
LAKELAND, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$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.

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
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: James E Swann      President      7/20/04      304)233-2270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #