

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001912

1. Entity Name
SWF, INC.



Principal Place of Business
205 NORTH WHITE STREET
FORT MILL, SC 29715

Mailing Address
205 NORTH WHITE STREET
FORT MILL, SC 29715



04022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2585829

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

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

(NOTE: Registered Agent signature required when renouncing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
DORSETT, C. POWERS
205 NORTH WHITE STREET
FORT MILL, SC 29715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VASD
SULLIVAN, ROBERT W
205 NORTH WHITE STREET
FORT MILL, SC 29715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAT
THEESFELD, TIMOTHY L
205 NORTH WHITE STREET
FORT MILL, SC 29715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ILARDO, SAMUEL J
205 NORTH WHITE STREET
FORT MILL, SC 29715

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ZABEL, RONALD W
7549 GRABER ROAD
MIDDLETON, WI 53562

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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 charged, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-06-04

Date

803/286-2321

Daytime Phone #