


**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 canceling 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**

100000110827  
 04/12/04-50035-003 150.00

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: Timothy L Theesfeld 4-06-04 803/286-2321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #