

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005431

FILED
Feb 10, 2005
Secretary of State

Entity Name: SWAN FINANCIAL CORPORATION

Current Principal Place of Business:

309 CANNONS LANE
LOUISVILLE, KY 40209

New Principal Place of Business:

9500 WILLIAMSBURG PLAZA
LOUISVILLE, KY 40222

Current Mailing Address:

309 CANNONS LANE
LOUISVILLE, KY 40209

New Mailing Address:

9500 WILLIAMSBURG PLAZA
LOUISVILLE, KY 40222

FEI Number: 03-0529199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SEXTON, THOMAS
Address: 9500 WILLIAMSBURG PLAZA
City-St-Zip: LOUISVILLE, KY 40222

Title: DVST () Delete
Name: RAQUE, DAVID
Address: 9500 WILLIAMSBURG PLAZA
City-St-Zip: LOUISVILLE, KY 40222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS SEXTON

DP

02/10/2005

Electronic Signature of Signing Officer or Director

Date