

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000007026

1. Entity Name
SWAN SECURE PRODUCTS, INC.



Principal Place of Business
7525 PERRYMAN COURT
BALTIMORE, MD 21226-1752

Mailing Address
7525 PERRYMAN COURT
BALTIMORE, MD 21226-1752



03092005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1223340
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

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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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000313645
04/18/05-80135-002 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
CCEO
SWAN, HOBART K
STREET ADDRESS
233 WATERWAYS AVE.
CITY-ST-ZIP
BOCA RATON, FL 33921

TITLE
NAME
TV
SWAN, JANIS
STREET ADDRESS
233 WATERWAYS AVE.
CITY-ST-ZIP
BOCA RATON, FL 33921

TITLE
NAME
PD
MCFARLAND, MICHAEL J
STREET ADDRESS
157 LONGFELLOW DRIVE
CITY-ST-ZIP
MILLERSVILLE, MD 21108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 (410) 360-9100
Date Daytime Phone #

HOBART K. SWAN, CCEO.