

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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Secretary of State

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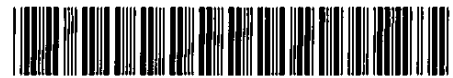
1. Entity Name

SWISS RANCH ESTATES INC.



Principal Place of Business
ONE IRWIN COURT
LYNBROOK NY 11563

Mailing Address
ONE IRWIN COURT
LYNBROOK NY 11563



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 14-1755182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRIDLEY, TOM
2371 LINWOOD AVE
NAPLES FL 34112

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Anthony Mangone V.P.
Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME TRIPODI, DANIELE J
STREET ADDRESS 779 MARION STREET
CITY-ST-ZIP FRANKLIN SQUARE NY 11010

TITLE VC ☐ Delete
NAME MANGONE, ANTHONY
STREET ADDRESS 410 SILVER LANE
CITY-ST-ZIP OCEANSIDE NY 11572

TITLE ST ☐ Delete
NAME MANGONE, DOLORES
STREET ADDRESS 410 SILVER LANE
CITY-ST-ZIP OCEANSIDE NY 11572

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME U00000617857
STREET ADDRESS 02/08/07-80005-023 150.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

ANTHONY MANGONE V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/07 516-599-6200
Daytime Phone