



**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90035 043 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F06000006050</b>					
1. Entity Name <b>SWIFT INDUSTRIAL POWER, INC.</b>					
Principal Place of Business 10340 NW 53RD ST. SUNRISE, FL 33351			Mailing Address 10917 MCBRIDE LANE KNOXVILLE, TN 37932		
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	
4. FEI Number <b>62-0759026</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWIFT, MIKE 10340 NW 53RD ST. SUNRISE, FL 33351				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 _____ <small>Signature of President or other officer or director of the corporation (Not the Registered Agent's signature)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PVCD	<input type="checkbox"/> Delete			
NAME	SWIFT, MIKE				
STREET ADDRESS	10917 MCBRIDE LANE				
CITY ST ZIP	KNOXVILLE, TN 37932				
TITLE	VSD	<input type="checkbox"/> Delete			
NAME	SWIFT, BEVERLY				
STREET ADDRESS	10917 MCBRIDE LANE				
CITY ST ZIP	KNOXVILLE, TN 37932				
TITLE	TC	<input type="checkbox"/> Delete			
NAME	SWIFT, JOSEPH L				
STREET ADDRESS	10917 MCBRIDE LANE				
CITY ST ZIP	KNOXVILLE, TN 37932				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY ST ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	Gary, Connie S.				
STREET ADDRESS	10917 McBride Lane				
CITY ST ZIP	Knoxville, TN 37932				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY ST ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: 			Mike Swift, President		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-3-07 865-966-9758		