


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F06000006050</b> 1. Entity Name <b>SWIFT INDUSTRIAL POWER, INC.</b>	
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Principal Place of Business <b>10340 NW 53RD ST. SUNRISE, FL 33351</b>	Mailing Address <b>10917 MCBRIDE LANE KNOXVILLE, TN 37932</b>
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04222008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>62-0759026</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SWIFT, MIKE 10340 NW 53RD ST. SUNRISE, FL 33351</b>
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000933767</b> <b>05/23/08-80005-009 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVCD SWIFT, MIKE 10917 MCBRIDE LANE KNOXVILLE, TN 37932
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SWIFT, BEVERLY 10917 MCBRIDE LANE KNOXVILLE, TN 37932
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TC SWIFT, JOSEPH L 10917 MCBRIDE LANE KNOXVILLE, TN 37932
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARY, CONNIE S 10917 MCBRIDE LANE KNOXVILLE, TN 37932
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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** **4-23-08** **865-966-9758**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #