


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # F96882 1. Entity Name SWART'S LANDSCAPING, INC.	
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Principal Place of Business 450 DEEN STREET RD. DAVENPORT, FL 33897	Mailing Address PO BOX 4009 SARASOTA, FL 34230 US
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02042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2225076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWART, RAY 450 DEEN STREET RD. DAVENPORT, FL 33897	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) 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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SWART, RAYMOND E JR 450 DEEN STREET RD. DAVENPORT, FL 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SWART, ANDREW A 450 DEEN STREET RD. DAVENPORT, FL 33897
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP MOORE, ESTRELLITA 450 DEEN STREET RD. DAVENPORT, FL 33897
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03/24/05-80023-010 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____

ANDREW A. SWART, AS President

Date

Daytime Phone #

2-7-05

407-948-9391