


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90075 028 \*\*\*150.00

<b>DOCUMENT # F96882</b> 1. Entity Name <b>SWART'S LANDSCAPING, INC.</b>					
Principal Place of Business <b>450 DEEN STILL RD DAVENPORT, FL 33897</b>			Mailing Address <b>PO BOX 4009 SARASOTA, FL 34230 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip      Country			City & State Zip      Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>SWART, RAY 450 DEEN STILL RD DAVENPORT, FL 33897</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<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"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete <b>SWART, RAYMOND E JR 450 DEEN STILL RD DAVENPORT, FL 33897</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete <b>BAMBARA, NANCY 450 DEEN STREET RD. DAVENPORT, FL 33897</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP <input checked="" type="checkbox"/> Delete <b>MOORE, ESTRELLITA 450 DEEN STREET RD. DAVENPORT, FL 33897</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>FARKAS, STEVE 450 DEEN STILL RD DAVENPORT, FL 33897</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete <b>LOWE, BRANDON 450 DEEN STILL RD DAVENPORT, FL 33897</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S FARKAS, STEVEN 450 Deen Still Road Davenport, FL 33897</b>	
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.					
<b>SIGNATURE:</b> <u>Raymond E Swart</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/07      863-424-6222 <small>Date      Daytime Phone #</small>		

RAYMOND E. SWART, JR., AS PRESIDENT