

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G39587

1. Entity Name
SWANSON CREATIONS, INC.



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business
6000 GEORGIA AVE
STE 9
WEST PALM BEACH, FL 33405 US

Mailing Address
% SUSANNE L. SWANSON
701 N. GOLFVIEW
LAKE WORTH, FL 33460



04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2297948

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SWANSON, SUSANNE L.
701 N. GOLFVIEW
LAKE WORTH, FL 33460

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DP SWANSON, SUSANNE L. 701 N. GOLFVIEW LAKE WORTH, FL
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05/04/04-80158-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: Susanne L. Swanson SUSANNE L. SWANSON 4/30/04 561-585-5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #