


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

CH 2457 **FILED**
Jan 11, 2007 08:00 AM
1-8-Secretary of State

DOCUMENT # H26166 1. Entity Name SWIFT'S TRAILER PARK, INC.	
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Principal Place of Business 1846 POWELL DRIVE NORTH FORT MYERS, FL 33917	Mailing Address 1846 POWELL DRIVE NORTH FORT MYERS, FL 33917
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2477274	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JAMES SWIFT
1811 POWELL DR
N FT MYERS, FL 33917**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restate.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SWIFT, RICHARD C. 1846 POWELL DR NORTH FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SWIFT, CHERYL 1811 POWELL DR. N. FT. MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SWIFT, JAMES R 1811 POWELL DRIVE N. FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/07-80018-008 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *Cheryl Swift TD* **1-8-07 239-997-4256**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #