


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # H69757	
1. Entity Name SWIFT OIL CHANGE, INC.	

Principal Place of Business 1891 PINE RIDGE ROAD NAPLES, FL 34109 US	Mailing Address 1891 PINE RIDGE ROAD NAPLES, FL 34109 US
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DO NOT WRITE IN THIS SPACE



03102004 No Chg-P CR2E034 (10/03)

4. F.I. Number 59-2570081	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, THOMAS R. 2660 AIRPORT ROAD SOUTH NAPLES, FL 33962
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000091425 03/18/04-80008-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, THOMAS R. 2660 AIRPORT RD S NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWIFT, VAN L. 140 BAYVIEW AVENUE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWIFT, BARBARA J. 140 BAYVIEW AVENUE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWIFT, ROBERT V. 6530 SANLDEWOOD LN NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SWIFT, VAN, JR. 6220 22ND AVE. NW NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWIFT GULOTTA, JENNIFER 6580 SABLE RIDGE LN NAPLES, FL 34109

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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 empowerment.

SIGNATURE: 	3-15-04	239-777-6060
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>