


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 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



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2570081	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SWIFT, VAN L 140 BAYVIEW AVE NAPLES, FL 34108

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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)

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	ST SWIFT, BARBARA J. 140 BAYVIEW AVENUE NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWIFT, ROBERT V. 8530 SANLEWOOD LN NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWIFT, VAN, JR. 6220 HIDDEN OAKS LN NAPLES, FL 34118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SWIFT GULOTTA, JENNIFER 6580 SABLE RIDGE LN NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

100000454341
03/15/06-80036-010 150.00

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: Van L. Swift Van L. Swift 2/25/06 234-597-5939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #