

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 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**



02112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**6. Name and Address of Current Registered Agent**

**SWIFT, VAN L  
140 BAYVIEW AVE  
NAPLES, FL 34108**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

UD00000932664  
02/27/08-80068-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SWIFT, ROBERT V.
STREET ADDRESS	6530 SANLDEWOOD LN
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	D
NAME	SWIFT, VAN, JR.
STREET ADDRESS	6220HIDDEN OAKS LN
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	V
NAME	SWIFT GULOTTA, JENNIFER
STREET ADDRESS	6580 SABLE RIDGE LN
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Van L. Swift* **Van L. Swift**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/11/08**

Date

**239-517-5139**

Daytime Phone #