


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # 319265	
1. Entity Name Swearingen & Associates, Inc.	

FILED
11 MAY 27 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 1800 Old Okeechobee Rd		3. Mailing Address P.O. Box 16621	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33409	Country US	Zip 33416	Country US

CR2E034B (1/11)

DO NOT WRITE IN THIS SPACE	4. FEI Number 592790476		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name John C. Swearingen		
		Street Address (P.O. Box Number is Not Acceptable) 1800 Old Okeechobee Rd, Ste 200A	
		City West Palm Beach	FL Zip Code 33409

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.

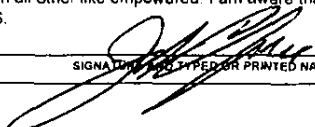
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when re-instating)</small>		<small>DATE</small>	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		E-mail Address: jsswearingen59@gmail.com E-mail address to be used for future annual report notices.	

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS Shelley M. Swearingen 1800 Old Okeechobee Rd, Ste 200 West Palm Beach, FL 33409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D John C. Swearingen 1800 Old Okeechobee Rd, Ste 200 West Palm Beach, FL 33409
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:  **John C. Swearingen** 5/25/11 561-689-9858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #