2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# J37711

Entity Name: SWANSON & ASSOCIATES, INC.

Current Principal Place of Business:

337 SAN JUAN DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

337 SAN JUAN DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 58-1863509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARES, WILLIAM A.
609 WEST AZEELE STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SWANSON, DAVID,
Address: 337 SAN JUAN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: STD ( ) Delete
Name: JOHNSON, KIMBERLY
Address: 4514 FERNCROFT CIRCLE
City-St-Zip: TAMPA, FL

Title: VD ( ) Delete
Name: SWANSON, JOAN
Address: 337 SAN JUAN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: JOHNSON, KIMBERLY
Address: 4514 FERNCROFT CIRCLE
City-St-Zip: TAMPA, FL 33629

Title: VD (X) Change ( ) Addition
Name: SWANSON, JOAN
Address: 337 SAN JUAN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID W. SWANSON PD 04/13/2004

Electronic Signature of Signing Officer or Director Date