2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED DOCUMENT # J80269 Feb 01, 2007 08:00 AM 1. Entity Name **Secretary of State** S & W SALES, INC. Principal Place of Business Mailing Address 1030 S FL AVE 1030 S FL AVE LAKELAND, FL 33803 LAKELAND, FL 33803 US 01112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 58-1744827 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWARTZ, JACKIE DO NOT WRITE 823 WOODMONT LN LAKELAND, FL 33813 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. ped or printed. . .... of regist Yet and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, \_ After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE U000000614946 NAME SCHWARTZ, JACKIE 02/06/07-80052-006 150.00 STREET ADDRESS 823 WOODMONT LN CITY-ST-ZIP LAKELAND, FL TITLE WALLER, MIKE NAME STREET ADDRESS 823 WOODMONT LN CITY-ST-ZIP LAKELAND, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP HAME STREET ADDRESS CITY-ST-ZIP

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: SIGNATURE AND TYPED OF

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2507 863-686 8700