

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J80269

1. Entity Name
S & W SALES, INC.



FILED
Apr 10, 2008 08:00 AM
Secretary of State

Principal Place of Business
1030 S FL AVE
LAKELAND, FL 33803 US

Mailing Address
1030 S FL AVE
LAKELAND, FL 33803 US



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1744827	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SCHWARTZ, JACKIE
823 WOODMONT LN
LAKELAND, FL 33813

**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 Jackie Schwartz
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4-9-08

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

U00000390200

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHWARTZ, JACKIE
STREET ADDRESS	823 WOODMONT LN
CITY-ST-ZIP	LAKELAND, FL

TITLE	D
NAME	WALLER, MIKE
STREET ADDRESS	823 WOODMONT LN
CITY-ST-ZIP	LAKELAND, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Jackie Schwartz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-08 8631086 8700
Date Daytime Phone #