



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90373 047 \*\*\*150.00

<b>DOCUMENT # K34747</b> 1. Entity Name L. L. SWOR, INC.					
Principal Place of Business 9909 S. HIGHWAY 441 LEESBURG, FL 34788			Mailing Address 9909 S. HIGHWAY 441 LEESBURG, FL 34788		
2. Principal Place of Business 8626 US Hwy 441 Suite, Apt. #, etc. <b>Leesburg, FL</b>		3. Mailing Address 8626 US Hwy 441 Suite, Apt. #, etc. <b>Leesburg, FL</b>			
City & State <b>34788</b>		City & State <b>34788</b>		4. FEI Number <b>59-2907322</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SWOR, LARRY L. 9909 S. HIGHWAY 441 LEESBURG, FL 34788				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <i>Ella Padgett</i> <small>Signature, typed or printed name of registered agent and file if applicable.</small>				DATE <b>4-12-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWOR, LARRY L. 15050 SE 140 AVE RD WEIRSDALE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SWOR, ANNA S. 15050 SE 140 AVE RD WEIRSDALE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PADGETT, ELLA S 33317 KAYLEE WAY LEESBURG, FL 34788	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>33025 JODIE COURT</b> <b>LEESBURG, FL 34788</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Ella Padgett</i> <b>ELLA S. PADGETT</b> <b>4-12-05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					