2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # L77515

1. Entity Name
ALL SWEDE, CORP.

Principal Place of Business	Mailing Address
CO JEAN MANSSON 5205 SARASOTA COURT CAPE CORAL, FL 33904	CO JEAN MANSSON 5205 SARASOTA COURT CAPE CORAL, FL 33904

DO NOT WRITE IN THIS SPACE

01242005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0233485	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MANSSON, JEAN
5205 SARASOTA COURT
CAPE CORAL, FL 33904

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

000000201705
01/28/05-80077-020 150.00

TITLE	DP
NAME	MANSSON, JEAN
STREET ADDRESS	5205 SARASOTA COURT
CITY-ST-ZIP	CAPE CORAL, FL

TITLE	
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IN THIS SPACE**

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: X _Jean Mansson_ Jean Mansson 1-25-05 (239) 542-1852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #