

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar. 13, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L97182**

1. Entity Name  
**SWANDERS, INC.**



Principal Place of Business

**5546 N. LECANTO HWY  
BEVERLY HILLS, FL 34465 US**

Mailing Address

**5546 N. LECANTO HWY  
BEVERLY HILLS, FL 34465 US**



03022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3027376**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**SWANDER, CARL D.  
5546 N LECANTO HWY  
BEVERLY HILLS, FL 34465**

**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 *Carl Swander*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-10-08  
DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SWANDER, CARL
STREET ADDRESS	92 SJ KELLNER
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	VP,T
NAME	SWANDER, MARK
STREET ADDRESS	5546 LECANTO HWY
CITY-ST-ZIP	BEVERLY HILLS, FL 34465
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/27/08-80072-004 150.00

**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:

*Carl Swander*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-08  
Date

352-527-0410  
Daytime Phone #