


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
05 MAR -2 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N00000000301</b> 1. Entity Name THE FLORIDA SWAMPLANDS FOUNDATION, INC.					
Principal Place of Business C/O WILSON SMITH, STEEL HECTOR & DAVIS 200 S. BISCAYNE BLVD., STE. 4000 MIAMI, FL 33131-2398			Mailing Address C/O WILSON SMITH, STEEL HECTOR & DAVIS 200 S. BISCAYNE BLVD., STE. 4000 MIAMI, FL 33131-2398		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country			3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		
6. Name and Address of Current Registered Agent  SMITH, WILSON 200 S. BISCAYNE BLVD., STE. 4000 MIAMI, FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILSON 200 S. BISCAYNE BLVD., STE. 4000 MIAMI, FL 331312398	<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	D MIRMAN, BEVERLY 14941 S.W. 238 ST. MIAMI, FL 33111	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900047924479 03/08/05--01019--002 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JUDY 415 E. 11TH AVE. WINFIELD, KS 67156	<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	D MIRMAN, CHARLES 14941 S.W. 238 ST. MIAMI, FL 33111	<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	D LARSON, LORI 5213 S. CRESCENT DR. TAMPA, FL 33611	<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	D GOLDMAN, RICHARD 172 CAJEPUT DR. NAPLES, FL 34108	<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 617, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1/19/05      305.577.7033 <small>Date      Daytime Phone #</small>		

TK