

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003042

FILED  
Feb 07, 2007  
Secretary of State

Entity Name: SWFTR, INC.

**Current Principal Place of Business:**

5207 2ND ST W  
LEHIGH ACRES, FL 33917

**New Principal Place of Business:**

**Current Mailing Address:**

8050 FRIENDSHIP LN  
NAPLES, FL 34120

**New Mailing Address:**

FEI Number: 59-3692180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOULTON, JOE  
5207 2ND ST W  
LEHIGH ACRES, FL 33917 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOULTON, JOE  
Address: 5207 2ND ST. WEST  
City-St-Zip: LEHIGH ACRES, FL 33917

Title: VP ( ) Delete  
Name: OESTRIKE, MIKE R  
Address: 8050 FRIENDSHIP LN  
City-St-Zip: NAPLES, FL 34120

Title: T ( ) Delete  
Name: OESTRIKE, SANDY  
Address: 8050 FRIENDSHIP LN  
City-St-Zip: NAPLES, FL 34120

Title: S ( ) Delete  
Name: OESTRIKE, SANDY  
Address: 8050 FRIENDSHIP LN  
City-St-Zip: NAPLES, FL 34120

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDY OESTRIKE

T/S

02/07/2007

Electronic Signature of Signing Officer or Director

Date