

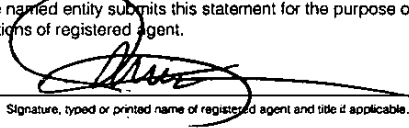
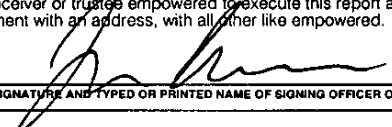


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90304 034 ****61.25

DOCUMENT # N29804 1. Entity Name JIM AND JONNIE SWANN CORP.					
Principal Place of Business C/O LES SMOUT 100 NORTH STARCREST CLEARWATER, FL 33765 US			Mailing Address C/O LES SMOUT 100 NORTH STARCREST CLEARWATER, FL 33758 US		
2. Principal Place of Business 516 Delannoy Avenue Suite, Apt. #, etc.		3. Mailing Address 516 Delannoy Avenue Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold;">20038766</div> 	
City & State Cocoa, Florida		City & State Cocoa, Florida		4. FEI Number 65-0118651	
Zip 32922		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMOUT, LES 100 NORTH STARCREST CLEARWATER, FL 33765				7. Name and Address of New Registered Agent Name Malcolm R. Kirschenbaum Street Address (P.O. Box Number is Not Acceptable) 516 Delannoy Avenue City Cocoa	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE 				DATE 4/14/05	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANN, JIM 100 NORTH STARCREST CLEARWATER, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 516 Delannoy Avenue Cocoa, FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANN, JONNIE 100 NORTH STARCREST CLEARWATER, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 516 Delannoy Avenue Cocoa, FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRSCHENBAUM, MALCOLM 100 NORTH STARCREST CLEARWATER, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 516 Delannoy Avenue Cocoa, FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMOUT, LES 100 NORTH STARCREST CLEARWATER, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer Jim Swann 516 Delannoy Avenue, Cocoa, FL 32922	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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.					
SIGNATURE: 				Date 4/11/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 321/63-2022	