2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Nam	MENT # N29804 JONNIE SWANN CORP.				C	94-20-2005 9	90304 03	4 ****6:	1.25
Principal Place C/O LES SMC 100 NORTH CLEARWATER	OUT Starcrest	Mailing Address C/O LES SMOUT 100 NORTH STARCREST CLEARWATER, FL 33758	US		1 7 	20038			
Principal Place of Business Delannoy Avenue		3. Mailing Address 516 Delannoy Avenue							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04072005 C	hg-NP	CR2E037	(10/03)	
City & State Cocoa, Florida		City & State Cocoa, Florida	 l		4. FEI Number 65-011865	51			plied For at Applicable
Zip 32922	Country USA	Zip 32922	Country USA		5. Certificate of S	tatus Desired		8.75 Add ee Require	
	6. Name and Address of Current				7. Name and Add	dress of New R	egistered Aç	gent	
SMOUT, LES 100 NORTH STARCREST CLEARWATER, FL 33765			Street A	Name Malcolm R. Kirschenbaum Street Address (P.O. Box Number is Not Acce 516 Delannoy Avenue) 	-	
* * * * * * * * * * * * * * * * * *	·		City				FL	Zip Code	
	named entity submits this statement for	r the purpose of changing its re	gistered office of		ed agent, or both, in	the State of Flo		3292 miliar with,	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if anoticable (NOTE: D	legistered Agent signa	have on the	urban reinetation)		4/14/0 DATE	5	
	Signature, typed or priviled name or registered agent a	эло пое в аррисаоне. (МОТЕ: Н	legistered Agent signa	mne sednaen	wiser reinstaung)		DATE		
		i				l			
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor			\$5.00 May Be Added to Fees		ake check ida Departr		
10.	Due by May 1, 2005 OFFICERS AND DIF	Trust Fund Cor	ntribution.		\$5.00 May Be Added to Fees	Flori	ida Departr RS AND DIRE	nent of St	ate 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2005	Trust Fund Co	ntribution.	516		Fiori	ida Departr RS AND DIRE	nent of St	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2005 OFFICERS AND DIF D SWANN, JIM 100 NORTH STARCREST CLEARWATER, FL D SWANN, JONNIE	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	516 Cocc	Delannoy Delannoy Delannoy Delannoy	Flori Avenue 22 Avenue	Ida Departr	nent of St	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2005 OFFICERS AND DIF D SWANN, JIM 100 NORTH STARCREST CLEARWATER, FL D	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	516 Cocc	Delannoy Da, FL 329	Flori Avenue 22 Avenue	Ida Departr	TORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DIF D SWANN, JIM 100 NORTH STARCREST CLEARWATER, FL D SWANN, JONNIE 100 NORTH STARCREST	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	516 Cocc 516 Cocc	Delannoy Delannoy Delannoy Delannoy	Flori Avenue 22 Avenue 22 Avenue 22	Ida Departr	TORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DIF D SWANN, JIM 100 NORTH STARCREST CLEARWATER, FL D SWANN, JONNIE 100 NORTH STARCREST CLEARWATER, FL D KIRSCHENBAUM, MALCOLM 100 NORTH STARCREST	Trust Fund Cor	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	516 Cocc 516 Cocc Trea Jim	Delannoy Del	Flori Avenue 22 Avenue 22 Avenue 22	Ida Departr	ment of St ECTORS IN Change Change Change Change	10 Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Due by May 1, 2005 OFFICERS AND DIF D SWANN, JIM 100 NORTH STARCREST CLEARWATER, FL D SWANN, JONNIE 100 NORTH STARCREST CLEARWATER, FL D KIRSCHENBAUM, MALCOLM 100 NORTH STARCREST	Trust Fund Cor	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	516 Cocc 516 Cocc Trea Jim	Delannoy Del	Flori Avenue 22 Avenue 22 Avenue 22	Ida Departr	ment of St ECTORS IN Change Change Change Change	10 Addition Addition 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 application.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/11/65

321/63/-2022