

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90052 001 ****61.25
 03-02-2004 90052 002 ****8.75

DOCUMENT # N99000003933



1. Entity Name

SIWEL, INC.

Principal Place of Business

118-11924 FOREST HILL BLVD, SUITE 22
 WELLINGTON FL 33414

Mailing Address

118-11924 FOREST HILL BLVD, SUITE 22
 WELLINGTON FL 33414

2. Principal Place of Business

Same as above

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2290045

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

66404033



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

MCNAIR, LINDA
 11924 FOREST HILL BLVD STE 22 PMB-118
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name

NA

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Linda J. McNair Linda F. McNair

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/26/04

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
 NAME MCNAIR, LINDA Delete
 STREET ADDRESS 11924 FOREST HILL BLVD STE 22 PMB-118
 CITY-ST-ZIP WELLINGTON FL 33414

TITLE SD
 NAME LEWIS, R.W. Delete
 STREET ADDRESS 4630 S. KIRKMAN RD., #733
 CITY-ST-ZIP ORLANDO FL 32811

TITLE DT
 NAME ROBERSON, MARKUS Delete
 STREET ADDRESS PO BOX 282
 CITY-ST-ZIP COCHRAN GA 31014

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Change Addition
 NAME Lewis, R.W.
 STREET ADDRESS P.O. BOX 4904
 CITY-ST-ZIP DEERFIELD BEACH, FL 33442

TITLE DT Change Addition
 NAME Roberson, Markus
 STREET ADDRESS 6816 Bay Point Dr.
 CITY-ST-ZIP Macom, GA 31220

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Linda J. McNair* (Linda F. McNair)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/04 (561) 791-8592

Date

Daytime Phone #