


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90214 003 \*\*\*150.00

<b>DOCUMENT # P00000033971</b>					
<b>1. Entity Name</b> S W A C, INC.					
<b>Principal Place of Business</b> 2958 CLARK RD. SARASOTA, FL 34231			<b>Mailing Address</b> 2958 CLARK RD. SARASOTA, FL 34231		
<b>2. Principal Place of Business</b> 5094 Central Sarasota Pkwy Suite, Apt. # etc. 205		<b>3. Mailing Address</b> 5094 Central Sarasota Pkwy Suite, Apt. # etc. 205			
<b>City &amp; State</b> Sarasota, Florida Zip 34238		<b>City &amp; State</b> Sarasota, Florida Zip 34238		<b>4. FEI Number</b> 65-0996978	
<b>Country</b> USA		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04202004 Chg-P CR2E034 (10/03)	
<b>6. Name and Address of Current Registered Agent</b> SHEERAN, KRISTIN 2958 CLARK RD. SARASOTA, FL 34231			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D HANSEN, KRISTEN 2958 CLARK RD. SARASOTA, FL 34231	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D HANSEN, KRISTIN 5094 Central Sarasota Pkwy Apt #205 Sarasota, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D HANSEN, ROBERT A 2958 CLARK ROAD SARASOTA, FL 34231	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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 607, 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>					
<b>SIGNATURE:</b> <u>Kristin Hansen</u> <u>KRISTIN HANSEN</u> <u>4/24/04</u> <u>9419264251</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					