


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90285 049 ***150.00

DOCUMENT # P00000076862 1. Entity Name SWEGO INT. INC.					
Principal Place of Business 4215 75TH PLACE EAST SARASOTA, FL 34243			Mailing Address 46 NORTH WASHINGTON BLVD. #1 SARASOTA, FL 34236		
2. Principal Place of Business 7832 KAVANAGH COURT Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State SARASOTA, FL Zip 34240		City & State Zip Country		4. FEI Number 65-3668324 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC 46 NORTH WASHINGTON BLVD. #1 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST POTTER, WAYNE R 4215 75TH PLACE EAST SARASOTA, FL 34234		TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7832 KAVANAGH COURT SARASOTA, FL 34240	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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.					
SIGNATURE: <u>Wayne R Potter</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> WAYNE R. POTTER, President			(941) 351-5195 <small>Date Daytime Phone #</small>		