2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# P00000091556

Entity Name: S & W SUPPLY, INC.

Current Principal Place of Business:

3951 DUNDEE RD.
WINTER HAVEN, FL 33884

New Principal Place of Business:

3951 DUNDEE RD.
WINTER HAVEN, FL 33884 US

Current Mailing Address:

3951 DUNDEE RD.
WINTER HAVEN, FL 33884

New Mailing Address:

3951 DUNDEE RD.
WINTER HAVEN, FL 33884 US

FEI Number: 59-3671695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SNIDER, RANDY
3951 DUNDEE RD.
WINTER HAVEN, FL 33884

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SNIDER, RANDY
Address: 3951 DUNDEE RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: VD ( ) Delete
Name: WILLIAMS, TIM
Address: 3951 DUNDEE RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD ( ) Delete
Name: SNIDER, KLISTA
Address: 3951 DUNDEE RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: ASD ( ) Delete
Name: WILLIAMS, TINA
Address: 3951 DUNDEE RD.
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD ( ) Delete
Name: PIQUET, GINGER
Address: 3951 DUNDEE RD.
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GINGER PIQUET TD 01/15/2004
Electronic Signature of Signing Officer or Director Date