

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115205

FILED
Apr 07, 2006
Secretary of State

Entity Name: SWAFFORD SETTLEMENT SERVICES, INC.

Current Principal Place of Business:

9041 EXECUTIVE PARK DRIVE
SUITE 400
KNOXVILLE, TN 37923

New Principal Place of Business:

Current Mailing Address:

9041 EXECUTIVE PARK DRIVE
SUITE 400
KNOXVILLE, TN 37923

New Mailing Address:

FEI Number: 59-3684309 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, MICHAEL
5598 GRANDE LAGOON DRIVE
PENSACOLA, FL 32507 US

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: EVP () Delete
Name: SWAFFORD, JAMES W I
Address: 131 WATERFORD CIRCLE
City-St-Zip: LENIOR CITY, TN 37772

Title: PCOB () Delete
Name: SWAFFORD, GREGORY A
Address: 9530 HICKORY KNOLL
City-St-Zip: KNOXVILLE, TN 37931

Title: VP () Delete
Name: SWAFFORD, JAMES W II
Address: 3950 MOUNTAIN VISTA ROAD
City-St-Zip: KNOXVILLE, TN 37931

Title: S () Delete
Name: TAMPAS, DAYNA A
Address: 5930 PINE WALK LAND
City-St-Zip: POWELL, TN 37849

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: EVP (X) Change () Addition
Name: SWAFFORD, JAMES W I
Address: 145 SKYVIEW DRIVE
City-St-Zip: LENIOR CITY, TN 37772

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 Chapter 119, 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: JAMES W. SWAFFORD

VP

04/07/2006

Electronic Signature of Signing Officer or Director

_____ Date