

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000115205

FILED  
Apr 02, 2007  
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:

O'BRIEN, THERESA C  
20244 MELVILLE ST.  
ORLANDO, FL 32833      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: 145 SKYVIEW DRIVE  
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: S ( ) Delete  
Name: TAMPAS, DAYNA A  
Address: 5930 PINE WALK LAND  
City-St-Zip: POWELL, TN 37849

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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: SVP ( ) Change (X) Addition  
Name: SWAFFORD, JAMES W II  
Address: 17749 GLEN FOREST AVE.  
City-St-Zip: BATON ROUGE, LA 70817

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 I

SVP

04/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date