## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P01000016081  1. Entity Name SWAN'S CUTTING EDGE, INC.								05-02-2008 9	•	8 ***150		
Principal Place of Business				ailing Address		•	1					
1890 SMITH DRIVE TITUSVILLE, FL 32780				890 SMITH DRIVE Itusville, Fl 32780	)			•.				
2. Principal Place of Business - No P.O. Box #				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.		04292008	Chg-P	CR2E03	34 (12/06)			
City & State			[ '	City & State		4. FEI Number 03-0377	242			pplied For of Applicable		
Zip	Country			Zip	Çour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required			litional		
6. Name and Address of Current				tered Agent			7. Name and Address of New Registered Agent					
							Name					
SWANSON, BRENT C 1890 SMITH DRIVE TITUSVILLE, FL 32780						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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.						ncing \$5	.00 May Be led to Fees		•	•		
10.		OFFICERS	AND DIREC	CTORS		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11		
IIILE	P SWANSON BENT C			☐ Delete	E				Change	Addition		
name Street address	SWANSON, BENT C 1890 SMITH DRIVE				NAM	EET ADDRESS					į	
CITY-ST-ZIP	TITUSVILLE, FL 32780					-ST-ZIP						
TITLE	VP			☐ Delete TITLE		E	•			☐ Change	Addition	
NAME	SWANSON, JANICE E				NAM	i						
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NAME	E Doloto				NAM	i				Change	☐ Audiduir	
STREET ADDRESS	1212 S PARK AVENUE				EET ADDRESS							
CITY-ST-ZIP	TITUSVILLE, FL 32780				CITY	'-ST-ZIP					1	
TITLE				☐ Delete	tm					☐ Change	☐ Addition	
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STREET ADDRESS						EET ADORESS						
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report in 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 addies, with all other like empowered.												