


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90063 039 ***550.00

DOCUMENT # P01000033718 1. Entity Name SWA INTERNATIONAL, INC.	
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Principal Place of Business 1160 EMERALD DR SINGER ISLAND, FL 33404	Mailing Address 1160 EMERALD DR SINGER ISLAND, FL 33404
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50053662



07082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3705906	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEWART, JAMES M ESQ 1211 THE PLAZA SINGER ISLAND, FL 33404

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAGNER, JERALD 1160 EMERALD DR SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEET, ROBIN 1160 EMERALD DR SINGER ISLAND, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - Wagner, Jerald 1160 Emerald Drive Singer Island, Fl. 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP - Sweet, Robin 1160 Emerald Drive Singer Island, Fl. 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Wagner, Jerald 1160 Emerald Drive Singer Island, Fl. 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas. Sweet, Robin 1160 Emerald Drive Singer Island, Fl. 33404

**DO NOT WRITE
IN THIS SPACE**

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: Jerald Wagner **JERALD WAGNER** 27 July 05 842-4656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #