

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000033718

1. Entity Name
SWA INTERNATIONAL, INC.



Principal Place of Business
1160 EMERALD DR
SINGER ISLAND, FL 33404

Mailing Address
1160 EMERALD DR
SINGER ISLAND, FL 33404

FILED

06 SEP 21 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-3705906

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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)

100080195221

09/26/06 01075 834 **150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME WAGNER, JERALD
STREET ADDRESS 1160 EMERALD DR
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE D
NAME SWEET, ROBIN
STREET ADDRESS 1160 EMERALD DR
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE P
NAME WAGNER, JERALD
STREET ADDRESS 1160 EMERALD DRIVE
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE VP
NAME SWEET, ROBIN
STREET ADDRESS 1160 EMERALD DRIVE
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE S
NAME WAGNER, JERALD
STREET ADDRESS 1160 EMERALD DRIVE
CITY-ST-ZIP SINGER ISLAND, FL 33404

TITLE T
NAME SWEET, ROBIN
STREET ADDRESS 1160 EMERALD DRIVE
CITY-ST-ZIP SINGER ISLAND, FL 33404

**DO NOT WRITE
IN THIS SPACE**

K. Eckel SEP 22 2006

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #