


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90015 047 ***150.00

DOCUMENT # P01000044870	
1. Entity Name SWF CONSTRUCTION, CORP.	

Principal Place of Business 21687 INDIAN BAYOU DR. FORT MYERS, FL 33913	Mailing Address 21687 INDIAN BAYOU DR. FORT MYERS, FL 33913
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2. Principal Place of Business 20 Fairview Blvd.	3. Mailing Address 20 Fairview Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Fort Myers Beach, FL 33931	City & State Fort Myers Beach, FL
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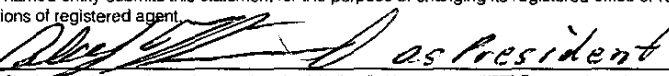
Zip 33931	Country US	Zip 33931	Country US
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02022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent KUEMMEL, OLAF 7456 PEBBLE BEACH ROAD FORT MYERS, FL 33912	
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7. Name and Address of New Registered Agent Name Kuemmel Olaf Street Address (P.O. Box Number is Not Acceptable) 20 Fairview Blvd. Fort Myers Beach City FL Zip Code 33931	
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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  as President 02-02-04 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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUEMMEL, OLAF 7456 PEBBLE BEACH ROAD FORT MYERS, FL 33912 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAPINSKY, PATRICK 9030 SPRING RUN BLVD #505 BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Olaf Kuemmel 20 Fairview Blvd. Ft. Myers Beach, Florida 33931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  as President 02-02-04 239-340-5348 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
