


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 Mailing Address
 21687 INDIAN BAYOU DR. 21687 INDIAN BAYOU DR.
 FORT MYERS, FL 33913 FORT MYERS, FL 33913

2. Principal Place of Business 3. Mailing Address
20 Fairview Blvd. *20 Fairview Blvd.*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Myers Beach, FL 33931 *Fort Myers Beach, FL*
 Zip Country Zip Country
33931 *US* *33931* *US*



02022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
KUEMMELE, OLAF
7456 PEBBLE BEACH ROAD
FORT MYERS, FL 33912

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 State **FL** Zip Code *33931*

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]* as President DATE *02-02-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUEMMELE, OLAF 7456 PEBBLE BEACH ROAD FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P Olaf Kuemmel</i> <i>20 Fairview Blvd.</i> <i>Ft. Myers Beach, Florida 33931</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *[Signature]* as President DATE *02-02-04* DAYTIME PHONE # *239-340-5348*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #