

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P01000050881**

1. Entity Name  
**SWAMP ANGEL ENTERPRISES, INC.**



Principal Place of Business  
**4215 NW 16TH BLVD.  
GAINESVILLE, FL 32605**

Mailing Address

**4215 NW 16TH BLVD.  
GAINESVILLE, FL 32605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc

City & State

City & State

Zip \_\_\_\_\_

Zip \_\_\_\_\_

Country \_\_\_\_\_

4. FEI Number  
**59-3732187**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LYTLE SCALES, EARL JR  
3145 NW 46TH AVE.  
GAINESVILLE, FL 32605**

Name

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 is required when renewing)

DATE

**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 **D**  
NAME **LYTLE SCALES, EARL JR**  
STREET ADDRESS **924 NW 13TH AVE**  
CITY-ST-ZIP **GAINESVILLE, FL 32601**

Delete

TITLE **D**  
NAME **Earl L. Scales Jr.**  
STREET ADDRESS **3145 NW 46<sup>th</sup> AVE**  
CITY-ST-ZIP **Gainesville, FL 32605**

Change  Addition

TITLE **VP**  
NAME **SCALES, INGRID V**  
STREET ADDRESS **924 NW 13TH AVE**  
CITY-ST-ZIP **GAINESVILLE, FL 32601**

Delete

TITLE **VP**  
NAME **Ingrid V Scales**  
STREET ADDRESS **3145 NW 46<sup>th</sup> AVE**  
CITY-ST-ZIP **Gainesville, FL 32605**

Change  Addition

TITLE **ST**  
NAME **LYTLE SCALES, EARL**  
STREET ADDRESS **11935 SUNSET HARBOR RD**  
CITY-ST-ZIP **WEIRSDALE, FL 32195**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  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: *Ingrid Scales* *Ingrid Scales***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED  
Apr 29, 2004 8:00 am  
Secretary of State**

04-29-2004 90323 025 \*\*\*150.00

**14013626**



04282004 Chg-P CR2E034 (10/03)

Date Daytime Phone #

4/28/04 352.381.1997