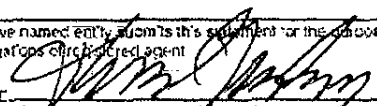
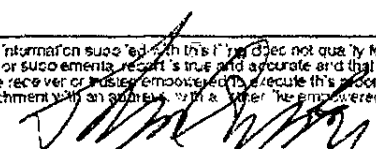


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000000138			
1. Entity Name SWAYING CYPRESS FARM, INC.			
Principal Place of Business 8946 OLD PASCO RD. WESLEY CHAPEL, FL 33544		Mailing Address 8946 OLD PASCO RD. WESLEY CHAPEL, FL 33544	
		 04252005 No Chg-P CR2E034 (10/03)	
		4. FID Number 03-0375555 Added For Not Added	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MCCARTHY, THOMAS D 8946 OLD PASCO RD WESLEY CHAPEL, FL 33544			
7. 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 foregoing change of registered agent. SIGNATURE:  4-26-05			
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		8. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	000000340507 04/28/05-80122-006 150.00	
NAME	MCCARTHY, SANDRA G		
STREET ADDRESS	8946 OLD PASCO RD.		
CITY, ST, ZIP	WESLEY CHAPEL, FL 33544		
TITLE	V		
NAME	MCCARTHY, THOMAS D		
STREET ADDRESS	8946 OLD PASCO RD.		
CITY, ST, ZIP	WESLEY CHAPEL, FL 33544		
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY, ST, ZIP			
12. I hereby certify that the information supplied on this form does not qualify for the exemption stated in Section 119.07(5)(b), Florida Statutes. I further certify that the information indicated on this report or supplement, report is true and accurate and that my signature shall have the same legal effect as I 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 or changed or on an attachment with an original with a "Not" be empowered.			
SIGNATURE: 		4-26-05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			