

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 08:00 AM
Secretary of State

| | |
|---|--|
| DOCUMENT # P02000035360 | |
| 1. Entity Name SWEETWATER ENTERPRISES, INC. | |



| | |
|--|---|
| Principal Place of Business 289 DARTMOUTH DR HAINES CITY, FL 33844 | Mailing Address PO BOX 10 HAINES CITY, FL 33845 |
|--|---|



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 04-3680089 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|---|
| 6. Name and Address of Current Registered Agent BAKER, STEPHEN F 565 AVE K, SE WINTER HAVEN, FL 33880 |
|---|

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | DATE _____ |
|---|------------|

| | |
|---|--|
| 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 |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYERS, RICHARD L 289 DARTMOUTH DR HAINES CITY, FL 33844 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MYERS, LENNY A 289 DARTMOUTH DR HAINES CITY, FL 33844 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

000000005360
01/16/04-80005-019 158.75

**DO NOT WRITE
IN THIS SPACE**

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 <u>Richard L Myers</u> <u>Richard L Myers</u> | Date <u>1-8-04</u> | Daytime Phone # <u>863-956-4184</u> |
|---|--------------------|-------------------------------------|