

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059855

FILED  
Feb 27, 2004  
Secretary of State

Entity Name: SWIFTNET COMPUTER SYSTEMS, INC.

## Current Principal Place of Business:

6080 MYRTLEWOOD ROAD  
NORTH PORT, FL 34287

## New Principal Place of Business:

4760 PAYNE STREET  
NORTH PORT, FL 34287

## Current Mailing Address:

4760 PAYNE STREET  
NORTH PORT, FL 34287

## New Mailing Address:

FEI Number: 03-0454766      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHEJLYK, ALEXANDER  
4760 PAYNE STREET  
NORTH PORT, FL 34287      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHEJLYK, ALEXANDER  
Address: 4760 PAYNE STREET  
City-St-Zip: NORTH PORT, FL 34287

Title: VSTD ( ) Delete  
Name: CHEJLYK, SHERI  
Address: 4760 PAYNE STREET  
City-St-Zip: NORTH PORT, FL 34287

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER CHEJLYK

PD

02/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date