

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133907

Entity Name: SWAL, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

4000-B ST. JOHNS AVENUE
SUITE 22
JACKSONVILLE, FL 32205 US

Current Mailing Address:

4000-B ST. JOHNS AVENUE
SUITE 22
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

4000B ST. JOHNS AVE
SUITE 22
JACKSONVILLE, FL 32205 US

New Mailing Address:

4000B ST. JOHNS AVE
SUITE 22
JACKSONVILLE, FL 32205

FEI Number: 04-3730697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALTON, WILLIAM H JR.
4000-B ST. JOHNS AVENUE
SUITE22
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

CORSE, JOHN D
4000B ST. JOHNS AVE
SUITE 22
JACKSONVILLE, FL 32205 US

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: JOHN D CORSE

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: WALTON, WILLIAM H JR.
Address: 4000-B ST. JOHNS AVENUE, SUITE 22
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: VPS () Delete
Name: WALTON, ALONZO
Address: 4000-B ST. JOHNS AVENUE, SUITE 22
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change () Addition
Name: WALTON, WILLIAM H JR.
Address: 4000B ST. JOHNS AVE #22
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: VPS (X) Change () Addition
Name: WALTON, ALONZO D
Address: 4000B ST. JOHNS AVE #22
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: VP () Change (X) Addition
Name: CORSE, JOHN D
Address: 4000B ST. JOHNS AVE #22
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN D CORSE

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date