




2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90209 031 ***150.00

DOCUMENT # P03000007755 1. Entity Name SWELL SEEKER & ASSOCIATES INC					
Principal Place of Business 1001 CASUARINA RD #202 DELRAY BEACH, FL 33483			Mailing Address 1001 CASUARINA RD #202 DELRAY BEACH, FL 33483		
2. Principal Place of Business 428 N. LAKESIDE DR Suite, Apt. #, etc.		3. Mailing Address 428 N. LAKESIDE DR Suite, Apt. #, etc.			
City & State LAKE WORTH, FL Zip 33460		City & State LAKE WORTH, FL Zip 33460		4. FEI Number 42-1570730	
Country FLORIDA		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERNANDEZ, JAMES A 1001 CASUARINA RD #202 DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  DATE: 4.15.04 <small>(NOTE: Registered Agent signature required when renewing)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD	NAME KIESLING, ROBERT A		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 4793 N CONGRESS AVE #206	CITY-ST-ZIP BOYNTON BEACH, FL 33483		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DIRECTOR	NAME JAMES A. HERNANDEZ		<input type="checkbox"/> Delete		
STREET ADDRESS 428 N. LAKESIDE DR.	CITY-ST-ZIP LAKE WORTH, FL 33460		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date: 3.25.04	