


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000008120  
1. Entity Name  
CISNE, INC.



Principal Place of Business      Mailing Address  
9400 127TH AV. NORTH      9400 127TH AV. NORTH  
LARGO, FL 33773 US      LARGO, FL 33773 US

**DO NOT WRITE IN THIS SPACE**



01232005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
01-0763577      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
SWANN, MICHAEL L  
9400 127TH AV. NORTH  
LARGO, FL 33773

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SWANN, MICHAEL L
STREET ADDRESS	9400 127TH AV. NORTH
CITY - ST - ZIP	LARGO, FL 33773
TITLE	VP
NAME	HOELPER, FRANCES K
STREET ADDRESS	9400 127TH AV. NORTH
CITY - ST - ZIP	LARGO, FL 33773
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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02/07/05-80003-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael L Swann / MICHAEL L SWANN      1/24/2005      727-585-6345  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #