2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

05-03-2004 90526 001 ***450.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000016223

1. Entity Name
SWIFT LEGAL CLINIC, INC.

Principal Place of Business	Mailing Address
1709 ROGERO RD. JACKSONVILLE FL 32211	1709 ROGERO RD. JACKSONVILLE FL 32211

2. Principal Place of Business	3. Mailing Address
1701 Rogero Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Same
City & State Jax, Fl.	City & State
Zip 32211 Country Duval	Zip Country

4. FEI Number 59-3408371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LYON, NORMA E
1709 ROGERO RD.
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1701 Rogero Rd.
City Jacksonville FL Zip Code 32211

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, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME LYON, NORMA E STREET ADDRESS ~~1709 ROGERO RD.~~ CITY-ST-ZIP JACKSONVILLE FL 32211	☐ Delete	TITLE NAME STREET ADDRESS 1701 Rogero Rd. CITY-ST-ZIP Jax, Fl. 32211	☐ Change ☐ Addition
TITLE STD NAME LYON, NORMA E STREET ADDRESS ~~1709 ROGERO RD.~~ CITY-ST-ZIP JACKSONVILLE FL 32211	☐ Delete	TITLE NAME STREET ADDRESS 1701 Rogero Rd. CITY-ST-ZIP Jax, Fl. 32211	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Norma E. Lyon 4/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #