

FILED  
Mar 17, 2004 8:00 am  
Secretary of State

03-04-2004 90010 004 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P03000056306

1. Entity Name  
PUMKIN SWAMP, INC



Principal Place of Business

460 MOHAWK ST  
TAVERNIER, FL 33070 US

Mailing Address

PO BOX 1578  
KEY LARGO, FL 33037 US

66406522



2. Principal Place of Business

Hwy 357

3. Mailing Address

Suite/Apt. #, etc.

01132004 Chg-P CR2E034 (10/03)

City & State

Steinhatchee FL

City & State

4. FEI Number

20-0856160

Applied For

Not Applicable

Zip

32359

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIDDICK, JOHN  
160 MOHAWK ST  
TAVERNIER, FL 33070

7. Name and Address of New Registered Agent

Name Diana Riddick

Street Address (P.O. Box Number is Not Acceptable)

160 Mohawk St

City Taverrier

FL

Zip Code 33070

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

*[Signature]*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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 RIDDICK, JOHN  
STREET ADDRESS 160 MOHAWK ST  
CITY-ST-ZIP TAVERNIER, FL 33070

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ 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)(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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04

Date

Daytime Phone #