2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2005 8:00 am
Secretary of State

02-08-2005 90012 011 ***150.00

DOCUMENT # P03000148927

1. Entity Name

SWAMP FOOT CONST. INC.

Principal Place of Business	Mailing Address
16129 SUNFLOWER TRL. ORLANDO FL 32828	16129 SUNFLOWER TRL. ORLANDO FL 32828

1st MOORE CR2E034 (10/04)

2. Principal Place of Business		3. Mailing Address	
16129 SUN FLOWER TR		16129 SUN FLOWER	
Suite, Apt. #, etc. HOM		Suite, Apt. #, etc.	
City & State ORL FLA		City & State ORL FLA	
Zip	Country ORANGE	Zip 32828	Country ORANGE

4. FEI Number 84-1631416 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HALLAUER, MARK
16129 SUNFLOWER TRL.
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name: Willi Hallaur

Street Address (P.O. Box Number is Not Acceptable): 16129 SUN FLOWER TR

City: ORL FL Zip Code: 32828

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: Willi Hallaur — 3/2/04

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P HALAUER, MARK 16129 SUNFLOWER TRL. SAME ORLANDO FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALAUER, BEATRIZ V 16129 SUNFLOWER TRL. SAME ORLANDO FL 32828	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: Willi Hallaur — 4/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #