

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000023521

1. Entity Name
NIFTY SWIFTY INC



FILED

05 APR 13 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5817 EUNICE COURT
TALLAHASSEE, FL 32303

Mailing Address
5817 EUNICE COURT
TALLAHASSEE, FL 32303



2. Principal Place of Business

3. Mailing Address

P.O. BOX 180943

04132005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TALL. FL

4. FEI Number

161696309

Applied For

Not Applicable

Zip

Country

Zip

Country

32318

LEON

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOKUN, TITILAYO I
5817 EUNICE COURT
TALLAHASSEE, FL 32303

Name

MICHAEL T. BINITIE

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

2528 BEDFORD WAY

5817 F

City

TALL

FL

Zip Code

32308

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

M.T. Binitie

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

(NOTE: Registered Agent signature required when reinstating)

4/13/5

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BINITIE, MICHAEL T
STREET ADDRESS 2528 BEDFORD WAY
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☐ Change ☐ Addition
NAME 500053929775
STREET ADDRESS 05/06/05--01003--002 **150.00
CITY-ST-ZIP

TITLE VD ☒ Delete
NAME DOKUN, ITILAYO I
STREET ADDRESS 5817 EUNICE COURT
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

M.T. Binitie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/5

Date

Daytime Phone #

MV