

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000023521

1. Entity Name
NIFTY SWIFTY INC



FILED

06 AUG 25 PM 3: 09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**5817 EUNICE COURT
TALLAHASSEE, FL 32303**

Mailing Address
**POST OFFICE BOX 180943
TALLAHASSEE, FL 32318**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



08252006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent
**BINITIE, MICHAEL T
2528 BEDFORD WAY
TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BINITIE, MICHAEL T 2528 BEDFORD WAY TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITILAYO I. BOKUN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5817 EUNICE CT. TALL FL 32303 V. PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITILAYO I. BOKUN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100079219341 08/29/06--01033--004 **150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **T. Bokun** **8/25/6**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #