

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90080 044 ***158.75

DOCUMENT# P04000028697

1. Entity Name
SWAINS, INC.



Principal Place of Business
**20749 CENTRAL AVE. EAST
BLOUNTSTOWN FL 32424
US**

Mailing Address
**PO BOX 340
GREENSBORO FL 32330
US**

20007101



1st MOORE CR2E034 (10/04)

2. Principal Place of Business
Swain, Inc.
Suite, Apt. #, etc.
20749 Central Ave East
City & State
Blountstown FL
Zip
32424 Country
CA/Houn

3. Mailing Address
20749 Central Ave East
Suite, Apt. #, etc.
Blountstown FL
City & State
Blountstown FL
Zip
32424 Country
CA/Houn

4. FEI Number
45-0535564

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**ROBERTS, PEARL
722 KEVER LANE
GREENSBORO FL 32330**

7. Name and Address of New Registered Agent
Name
Leon M. Roberts
Street Address (P.O. Box Number is Not Acceptable)
656 KEVER LANE
City
Greensboro FL Zip Code
32330

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 **Leon M. Roberts** / **Leon M. Roberts / Resident / 1-28-05**
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 **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS, PEARL 722 KEVER LANE GREENSBORO FL 32330	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ROBERTS, PEARL 722 KEVER LANE GREENSBORO FL 32330	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERTS LEON M. 656 KEVER LANE GREENSBORO FL 32330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S CRYSTAL L. ROBERTS 656 KEVER LANE GREENSBORO FL 32330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: **Leon M. Roberts** / **Leon M. Roberts / 1-28-05 / 850-237-2660**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #