

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90021 034 \*\*\*150.00

**DOCUMENT # P04000162383**

1. Entity Name

SHOCKWAVE ENTERPRISES, INC.



Principal Place of Business

215 SPRUCE AVE  
MERRITT ISLAND FL 32953

Mailing Address

215 SPRUCE AVE  
MERRITT ISLAND FL 32953



2. Principal Place of Business

780 MULLETT DR

Suite, Apt. #, etc.

#142

3. Mailing Address

780 MULLETT DR

Suite, Apt. #, etc.

#142

1st MOORE

CR2E034 (10/05)

City & State

PORT CANAVERAL FL

City & State

PORT CANAVERAL FL

4. FEI Number

202045230

Applied For

Not Applicable

Zip

32920

Country

USA

Zip

32920

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SWARTHOUT, DENNIS  
215 SPRUCE AVE  
MERRITT ISLAND FL FL

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 DENNIS SWARTHOUT

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

*Dennis H Swarthout*

(NOTE: Registered Agent signature required when reinstating)

1-26-06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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

TITLE DIR ☐ Delete  
NAME SWARTHOUT, DENNIS  
STREET ADDRESS 215 SPRUCE AVE  
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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 exemptions contained in Section 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: *Dennis H Swarthout* DENNIS H. SWARTHOUT 1-26-06 321 302-6537