

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90092 005 ***150.00

DOCUMENT # 105000090498

1. Entity Name
KEITH SWANSON ADULT LINC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 604 COUNTRY CLUB AVE		3. Mailing Address 604 COUNTRY CLUB AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT WALTON BEACH, FL		City & State FT WALTON BEACH, FL	
Zip 32547	Country USA	Zip 32547	Country USA

DO NOT WRITE IN THIS SPACE

60037419

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name NORMAN K SWANSON	
	Street Address (P.O. Box Number is Not Acceptable) 604 COUNTRY CLUB AVE	
	City FT WALTON BEACH	Zip Code 32547

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

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PLO NORMAN K SWANSON 604 COUNTRY CLUB AVE FT WALTON BEACH, FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NORMAN K SWANSON

5/01/06