

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90054 010 ***150.00

DOCUMENT # P05000112800

1. Entity Name

SWIFT PAINTING INC.



Principal Place of Business
8721 NE 68TH TERR
GAINESVILLE FL 32609

Mailing Address
8721 NE 68TH TERR
GAINESVILLE FL 32609



2. Principal Place of Business - No P.O. Box #

8721 NE 68TH TERR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Gainesville, Florida

City & State

4. FEI Number

41-2170255

Applied For

Not Applicable

Zip

32609

Country

Alachua

Zip

Country

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

TRACIE P MAUNDER, EA, CB INC
234 SE 1ST ST
WILLISTON FL 32696

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

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PR ☐ Delete
NAME SWIFT, JUDY
STREET ADDRESS 8721 NE 68TH TERR
CITY-ST-ZIP GAINESVILLE FL 32609

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

TITLE VP ☒ Delete
NAME WHITE, KENNETH W
STREET ADDRESS 1515 NW 10TH ST
CITY-ST-ZIP GAINESVILLE FL 32601

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Judy A. Swift
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/07 352-339-4327