

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000125780

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** THEODORE D. SWANSON, INC.

**Current Principal Place of Business:**

6260 SHIRLEY STREET  
UNIT # 604  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

142 BURNT PINE DRIVE  
NAPLES, FL 34119

**New Mailing Address:**

6260 SHIRLEY STREET  
UNIT # 604  
NAPLES, FL 34109

**FEI Number:** 84-1691624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWANSON, THEODORE D  
142 BURNT PINE DRIVE  
NAPLES, FL 34119 US

**Name and Address of New Registered Agent:**

SWANSON, THEODORE D  
6260 SHIRLEY STREET  
UNIT # 604  
NAPLES, FL 34109 US

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.

**SIGNATURE:** THEODORE D. SWANSON

04/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SWANSON, THEODORE D  
**Address:** 142 BURNT PINE DRIVE  
**City-St-Zip:** NAPLES, FL 34119

**Title:** VP  
**Name:** SWANSON, SUSAN J  
**Address:** 142 BURNT PINE DR  
**City-St-Zip:** NAPLES, FL 34119

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** THEODORE D. SWANSON

P

04/22/2011

Electronic Signature of Signing Officer or Director

Date