

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000129329

Entity Name: L. BRUCE SWIREN, P.A.

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

1516 E. HILLCREST STREET  
SUITE 200  
ORLANDO, FL 32803

## **New Principal Place of Business:**

## **Current Mailing Address:**

1516 E. HILLCREST STREET  
SUITE 200  
ORLANDO, FL 32803

## **New Mailing Address:**

FEI Number: 20-3494906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SWIREN, L. BRUCE  
1516 E. HILLCREST ST.  
SUITE 200  
ORLANDO, FL 32803 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: SWIREN, L. BRUCE  
Address: 8018 OLD TOWN DRIVE  
City-St-Zip: ORLANDO, FL 32819

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: L. BRUCE SWIREN

PRES

02/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date