


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90061 034 ***150.00

DOCUMENT # P06000069008 1. Entity Name HOOPER-SWIFT PUBLICATIONS, INC.					
Principal Place of Business 2472 ATLANTIS DRIVE #10 FT. PIERCE, FL 34981			Mailing Address 2472 ATLANTIS DRIVE #10 FT. PIERCE, FL 34981		
2. Principal Place of Business - No P.O. Box # 370 NW Alice Ave		3. Mailing Address Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122008 Chg-P CR2E034 (12/06)	
City & State Stuart, FL 34994		City & State		4. FEI Number 57-1235878	
Zip 34994		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SWIFT, GLENN R 2472 ATLANTIS DRIVE #10 FT. PIERCE, FL 34981				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 _____  _____ DATE 3/6/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SWIFT, GLENN R 2472 ATLANTIS DRIVE #10 FT. PIERCE, FL 34981	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SWIFT, GLENN R 370 NW Alice Ave STUART, FL 34994	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____  _____ DATE 3/6/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					