

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097717

Entity Name: DAVID SWINFORD, INC.

FILED  
Mar 05, 2011  
Secretary of State

**Current Principal Place of Business:**

1617 PARILLA CIRCLE  
TRINITY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

1617 PARILLA CIRCLE  
TRINITY, FL 34655 US

**New Mailing Address:**

FEI Number: 26-1101718      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SWINFORD, DAVID  
1617 PARILLA CIRCLE  
TRINITY, FL 34655 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SWINFORD, DAVID  
Address: 1617 PARILLA CIRCLE  
City-St-Zip: TRINITY, FL 34655 US

Title: TRES  
Name: SWINFORD, DAVID  
Address: 1617 PARILLA CIRCLE  
City-St-Zip: TRINITY, FL 34655 US

Title: SECT  
Name: SWINFORD, DAVID  
Address: 1617 PARILLA CIRCLE  
City-St-Zip: TRINITY, FL 34655 US

Title: DIR  
Name: SWINFORD, DAVID  
Address: 1617 PARILLA CIRCLE  
City-St-Zip: TRINITY, FL 34655 US

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: DAVID SWINFORD

PRES

03/05/2011

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

\_\_\_\_\_ Date