

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000006886

FILED  
Mar 31, 2005  
Secretary of State

Entity Name: LEON T. SWILLEY ENTERPRISES, INC.

## Current Principal Place of Business:

10055 MCINTOSH RD.  
DOVER, FL 33527

## New Principal Place of Business:

## Current Mailing Address:

10055 MCINTOSH RD.  
DOVER, FL 33527

## New Mailing Address:

FEI Number: 59-3411332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SWILLEY, LEON T  
10055 MCINTOSH RD.  
DOVER, FL 33527 US

## Name and Address of New Registered Agent:

SWILLEY, LEON T DPST  
10055 MCINTOSH RD.  
DOVER, FL 33527 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: LEON T. SWILLEY

03/31/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: SWILLEY, LEON T  
Address: 10055 MCINTOSH RD.  
City-St-Zip: DOVER, FL 33527

Title: D ( ) Delete  
Name: SWILLEY, MARY N  
Address: 1005 MCINTOSH RD  
City-St-Zip: DOVER, FL 33527

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SWILLEY, MARY N  
Address: 10055 MCINTOSH RD.  
City-St-Zip: DOVER, FL 33527

Title: D ( ) Change (X) Addition  
Name: SMITH, LINDA S  
Address: 10069 MCINTOSH RD.  
City-St-Zip: DOVER, FL 33527

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LEON T. SWILLEY

DPST

03/31/2005

Electronic Signature of Signing Officer or Director

Date