


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000052630**

1. Entity Name  
**SWEPT AWAY, INC.**



Principal Place of Business      Mailing Address

13650 96TH TERR N      13650 96TH TERR N  
 SEMINOLE, FL 33776-1422 US      SEMINOLE, FL 33776 US

**DO NOT WRITE IN THIS SPACE**



02142004      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3190858**      Not Applicable

5. Certificate of Status Desired            **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, DIANE K**  
**13650 96TH TERRACE N**  
**SEMINOLE, FL 33776**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

U00000058343  
 02/20/04-80025-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRISON, DIANE K
STREET ADDRESS	13650 96TH TERR N
CITY-ST-ZIP	SEMINOLE, FL
TITLE	S
NAME	DOTY, THOMAS J
STREET ADDRESS	13650 96TH TERR N
CITY-ST-ZIP	SEMINOLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Diane K. Harrison **DIANE K. HARRISON**      2/17/04      727-596-5946  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #