

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90003 014 ***150.00

DOCUMENT # P96000020942

1. Entity Name

SWEDISH AMERICAN CONNECTION, INC.



Principal Place of Business

45 W AUDREY DR
FT WALTON BCH, FL 32548 US

Mailing Address

808 DAWN LANE
DESTIN, FL 32541 US

44050687



DO NOT WRITE IN THIS SPACE

07252004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3368795

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOPER, CHRISTI
~~14 COUNTRY CLUB DRIVE~~
~~DESTIN, FL 32541~~

111 Dolphin Point
Drive
Niceville, FL
32578

**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

Christi Hooper

CHRISTI HOOPER

7-24-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D
NAME STENBERG, NILS E
STREET ADDRESS 808 DAWN LANE
CITY-ST-ZIP DESTIN, FL 32541

TITLE D
NAME HOOPER, A. CHRISTIAN
STREET ADDRESS 808 DAWN LANE
CITY-ST-ZIP DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Christi Hooper

CHRISTI
HOOPER

7-25-04

850-837-3155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #