

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90030 016 \*\*\*150.00

**DOCUMENT # P96000024721**

1. Entity Name  
**SWAN PHOTOGRAPHY, INC.**



Principal Place of Business  
**925 MARTIN DOWNS BLVD  
PALM CITY, FL 34990**

Mailing Address  
**1640 SW ALBATROSS WAY  
PALM CITY, FL 34990**

**DO NOT WRITE IN THIS SPACE**

01152006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**SWAN, JUDY  
1640 SW ALBATROSS WAY  
PALM CITY, FL 34990**

**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 \_\_\_\_\_

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SWAN, JUDY M
STREET ADDRESS	1640 SW ALBATROSS WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	V
NAME	SWAN, ROBERT
STREET ADDRESS	1640 SW ALBATROSS WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	S
NAME	CAMPIONE, DENISE
STREET ADDRESS	2184 SW BARTHEL ST. 69 Edison St.
CITY-ST-ZIP	PORT ST LUCIE, FL 34984 Fairmont, WJ. 26554
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 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:** R.E. Swan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-2006

Date

772-286-7468

Daytime Phone #