2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** May 04, 2004 08:00 AM Secretary of State **DOCUMENT # P96000081393** 1. Entity Name SWICK REALTY, INC. Principal Place of Business Mailing Address 18604 NW CO RD 239 **POST OFFICE BOX 516** ALACHUA, FL 32615 ALACHUA, FL 32616 No Chg-P CR2E034 (10/03) 05032004 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3403750 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWICK, JAMES J II DO NOT WRITE 18604 NW CO RD 239 ALACHUA, FL 32615 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	ttle if applicable (NOTE Reg	istered Agent signature	traquired when reinstating)	DATE	
FILE NOWIII FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Finantity Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIF	RECTORS				
TITLE NAME STREET ACORESS CITY-ST-ZIP	P SWICK, SHERRY S 18604 NW CO RD 239 ALACHUA, FL 32615				U00000155603 05/05/04-80043-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SWICK, JAMES J II 18604 NW CO RD 239 ALACHUA, FL 32615					
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Applied For

Not Applicable