

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042408

Entity Name: SWIM 'N PLACE, INC.

FILED
Apr 19, 2004
Secretary of State

Current Principal Place of Business:

400 N. TAMPA STREET
STE 2300
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1333
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 59-3446876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
400 N. TAMPA
STE 2300
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: CROUSHORE, BRUCE J
Address: PO BOX 1033 N/A
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: S () Delete
Name: DEC, LORI
Address: PO BOX 1531 N/A
City-St-Zip: TAMPA, FL 33601

Title: AS () Delete
Name: GOODWIN, JAMES W
Address: 400 N. TAMPA ST., STE 2300
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BRUCE CROUSHORE

PSTD

04/19/2004

Electronic Signature of Signing Officer or Director

Date