2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2004 8:00 am Secretary of State

1. Entity Name SWANDER ENTERPRISES, INC.				03-17-2004 90002 019 ***150.00	
Principal Place of Business 815 W HAMPSHIRE BLVD CITRUS SPRINGS, FL 34434 US Mailing Address 815 W HAMPSHIRE BLVD CITRUS SPRINGS, FL 34434					
2. Principal Place of Business 180 A High View A W Same Suite, Apt. #, etc. 3. Mailing Address Same Suite, Apt. #, etc.			02142004 Chg-P CR2E034 (10/03)		
Gity & State City & State				4. FEI Number Applied For 59-3313749 Not Applicable	
Zip 344	Country Country	Zip	Country	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	Namer	7. Name and Address of New Registered Agent	
SWANDER, MARK A 815 W HAMPSHIRE BLVD CITRUS SPRINGS, FL 34434				Street Address (F.O. Box Number is Not Acceptable)	
			City	krnando FL Zip Cape 3444	
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, kneed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550	9. Election Campaig		\$5.00 May Be Added to Fees	
10.	OFFICERS AND	·	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SWANDER, MARK A 816 W HAMPSHIRE BLVD CITRUS SPRINGS, FL 34434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	180 N Highview Ave there and FI 34442	
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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.					

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