

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90008 025 ***150.00

DOCUMENT # P97000057452

1. Entity Name
WHITE SWAN PRODUCTIONS, INC.



Principal Place of Business
211 JOHN KNOX RD.
TALLAHASSEE, FL 32303

Mailing Address
PO BOX 13573
TALLAHASSEE, FL 32317

2. Principal Place of Business
2019 Centre Pointe Blvd.

3. Mailing Address

Suite, Apt. #, etc.
Suite 102

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State

Zip
32308

Country
USA

Zip

Country

08172004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3459874

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CRAWFORD, ROGER S
211 JOHN KNOX RD.
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name
CRAWFORD, ROGER S.
Street Address (P.O. Box Number is Not Acceptable)
2019 Centre Pointe Blvd.
Suite 102
City
Tallahassee **FL** Zip Code
32308

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

Roger S. Crawford

8/17/04

(Signature, typed or printed name of registered agent and state is 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CRAWFORD, ROGER S ☐ Delete
211 JOHN KNOX RD.
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD **CRAWFORD, ROGER S.** ☒ Change ☐ Addition
2019 Centre Pointe Blvd. Suite 102
Tallahassee, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Roger S. Crawford

8/17/04

Date

(850) 386-1661

Daytime Phone #