## **2005 FOR PROFIT CORPORATION**

## FILED Apr 19, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P97000061152 1. Entity Name SWF PROPERTIES, INC. Principal Place of Business Mailing Address 111 NORTH CALHOUN ST P.O. BOX 11192 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32302 CR2E034 (10/03) 04132005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3457008 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DOSTER, RUSSELL S DO NOT WRITE 111 NORTH CALHOUN ST TALLAHASSEE, FL 32301 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME DOSTER, RUSSELL S\_ 111 NORTH CALHOUN ST STREET ADDRESS TALLAHASSEE, FL 32301 000000315775 04/13/05-80048-011 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-2IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST- ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

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 unplemental 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 838.566.6203 changed, or on an att

SIGNATURE:

HILE MAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #