


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 15, 2004 8:00 am**  
**Secretary of State**

06-15-2004 90001 012 \*\*\*150.00

<b>DOCUMENT # P97000091545</b>					
<b>1. Entity Name</b> S.W.F.M.S. CORPORATION					
<b>Principal Place of Business</b> 607 TUMPET PL. UNIT A-6 KISSIMMEE, FL 34747			<b>Mailing Address</b> 607 TRUMPET PL. CELEBRATION, FL 34747		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0279162	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CONTINO, JIM 607 TRUMPET PLACE KISSIMMEE, FL 34747			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CONTINO, JAMES 607 TRUMPET PL. KISSIMMEE, FL 34747		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date <u>6/12/04</u> Daytime Phone # _____		

Attachment  
Doc. # P97000091545 -  
54057439  
jim gay, cpa

3984 Manatee Avenue East  
Bradenton, FL 34208  
jimgaycpa.com

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Member Florida Institute  
of Certified Public  
Accountants

May 10, 2004

Department of State  
PO Box 6327  
Tallahassee, FL 32314

RE: SWFMS Corporation  
DOC: P97000091545

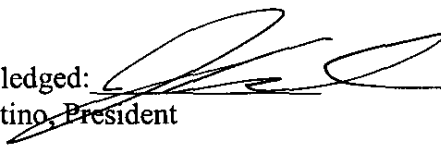
To whom it may concern,

This letter is to explain the taxpayer's position in this situation. In reviewing their status online, I noticed that they had not renewed the corporation. I know that historically, you send out the first notice in January, and a notice of delinquency if it has not been received by May 1<sup>st</sup>, but they do not remember seeing any of that at this point. I know you also changed the format in which the forms were sent out this year, and it seems that quite a few people did not realize that the card was the replacement of the normal UBR form.

Please accept the payment for \$ 150 enclosed to reinstate the corporation and consider the abatement of the reinstatement fee. Thank you for your assistance in this matter.

Sincerely,

  
Jim Gay, CPA

Acknowledged:   
Jim Contino, President