


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000035899</b> 1. Entity Name SWEDE SUCCESS.COM, INC.	
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Principal Place of Business 2509 SWEET WATER COUNTRY CLUB DRIVE APOPKA, FL 32712	Mailing Address 2509 SWEET WATER COUNTRY CLUB DRIVE APOPKA, FL 32712
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**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3507435	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

STENKULA, PATRICIA  
2509 SWEET WATER COUNTRY CLUBS  
APOPKA, FL 32712

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

000000096083  
03/25/04-80016-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STENKULA, PERSONE 2509 SWEETWATER COUNTRY CLUB DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STENKULA, PATRICIA E 2509 SWEETWATER COUNTRY CLUB DR APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD STENKULA, PATRICIA E 2509 SWEET WATER COUNTRY CLUB DRIVE APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-04 407-884-7977  
Date Daytime Phone