

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000095232

1. Entity Name  
SWIGER APPRAISAL, INC.



Principal Place of Business  
208 E 11TH AVE  
MOUNT DORA, FL 32757

Mailing Address  
208 E 11TH AVE  
MOUNT DORA, FL 32757



**DO NOT WRITE IN THIS SPACE**

07142006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3551739

Applied For  
Not Applicable

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

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

SWIGER, BOB  
33241 E. LAKE JOANNA DRIVE  
EUSTIS, FL 32736

**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

U00000572044  
07/25/06-80014-010 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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  
PST  
SWIGER, BOB  
33241 E. LAKE JOANNA DRIVE  
EUSTIS, FL 32736

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 exemptions contained in Chapter 119, 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

Date

Daytime Phone #

7/14/06 352 735 2516