

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000017161

Entity Name: TOM SWAIN, INC.

FILED
Jun 09, 2009
Secretary of State

Current Principal Place of Business:

8134 BLAIKIE CT.
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

8134 BLAIKIE CT.
SARASOTA, FL 34240

New Mailing Address:

1136 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

FEI Number: 65-0897553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWAIN, TOM
919 PALM VIEW WAY
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: SWAIN, TOM
Address: 919 PALM VIEW WAY
City-St-Zip: SARASOTA, FL 34240

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VST (X) Change () Addition
Name: SWAIN, TOM
Address: 919 PALM VIEW WAY
City-St-Zip: SARASOTA, FL 34240

Title: P () Change (X) Addition
Name: SMITH, DOUGLAS W
Address: 3042 HAWKS GLEN
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS W. SMITH

P

06/09/2009

Electronic Signature of Signing Officer or Director

Date