2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000053656

Entity Name: GEORGIANNA C. SWANSON, INC.

FILED Apr 13, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
215 N MAG	-				•		
Current Mailing Address:				New Mailing Address:			
PO BOX 925 GREEN COVE SPRINGS, FL 32043			5335 W BONANZA DR BEVERLY HILLS, FL 34465				
FEI Number:	59-3635366	FEI Number Applied For()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
50 N. LÄUR SUITE 2750 JACKSONV	A STREET) /ILLE, FL 3220			f abanging it	c registered s	office or registered agent or b	oth.
in the State		ubmits this statement for th	e purpose o	r changing it	s registered c	iffice or registered agent, or b	Otri,
SIGNATUR		<u> </u>					
		c Signature of Registered A	\gent			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	SWANSON, GEO 215 N MAGNOLI			Title: Name: Address: City-St-Zip:	D (X GAINES, DIANI 125 RIVERS E EAST PALATK	DGE DR	
Title: Name: Address: City-St-Zip:	VPD () I SWANSON, ROE 7940 CATAWBA JACKSONVILLE	DRIVE		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	PD () I SWANSON, RICI 3553 W. BONAN BEVERLY HILLS	IZA DR.		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	SD () SWANDON, JOA 45 GARRISON R QUEENSBURY,	NNE E RD.		Title: Name: Address: City-St-Zip:	SD (X MADDOCKS, J 45 GARRISON QUEENSBURY	RD.	
Title: Name: Address: City-St-Zip:	TD () I SWANSON, E. C 641 EAST LYNN VIRGINIA BEACH	SHORES CRL.		Title: Name: Address: City-St-Zip:	() Change()Addition	
Title: Name: Address: City-St-Zip:	SHEPARD, CAR	WOOD VILLAGE DR.		Title: Name: Address: City-St-Zip:	() Change()Addition	

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: RICHARD C SWANSON PD 04/13/2008