


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90105 036 \*\*\*150.00

|  |  |                     |   |  |  |
|--|--|---------------------|---|--|--|
| <b>DOCUMENT # P99000086599</b><br>1. Entity Name<br><b>SWAMP ANGEL PRODUCTIONS, INC.</b>   |  |                     |   |   |  |
| Principal Place of Business<br><b>44 GREENOUGH RD<br/>SOPCHOPPY, FL 32358</b>  |  |                     | Mailing Address<br><b>44 GREENOUGH RD<br/>SOPCHOPPY, FL 32358</b>   |  |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |   |  |  |
| City & State   |  | City & State        |   |  |  |
| Zip  | Country  | Zip                 | Country   |  |  |
| 6. Name and Address of Current Registered Agent  |  |                     |   | 4. FEI Number<br><b>59-3601210</b>   |  |
| <b>SOLBURG, SUSAN<br/>44 GREENOUGH RD<br/>SOPCHOPPY, FL 32358</b>  |  |                     |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable  |  |
|  |  |                     |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b>                         |  |
|  |  |                     |   | 7. Name and Address of New Registered Agent  |  |
|  |  |                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |  |                     |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |  |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS   |  |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>VP<br/>SOLBURG, WALTER L<br/>44 GREENOUGH ROAD<br/>SOPCHOPPY, FL 32358</b> <input type="checkbox"/> Delete          |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>TREASURER<br/>GARTH SOLBURG<br/>4183 BIRMINGHAM ROAD<br/>JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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. |  |                     |   |  |  |
| <b>SIGNATURE: <i>Susan R. Solburg</i> SUSAN R. SOLBURG 4-15-08 926-7126</b><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <span style="float: right;">Date <span style="float: right;">Daytime Phone #</span></span>   |  |                     |   |  |  |