

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098378

FILED
Jun 30, 2004
Secretary of State

Entity Name: SWANSON INSURANCE CORPORATION

Current Principal Place of Business:

2507 ST RD 602
VALRICO, FL 33594

New Principal Place of Business:

2507 ST RD 60
VALRICO, FL 33594

Current Mailing Address:

2507 ST RD 602
VALRICO, FL 33594

New Mailing Address:

2507 ST RD 60
VALRICO, FL 33594

FEI Number: 59-3606098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANSON, KEVIN
3054 PELICAN PLACE
CLEARWATER, FL 33762

Name and Address of New Registered Agent:

SWANSON, KEVIN
2012 WEXFORD GREEN DR
VALRICO, FL 33594

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: KEVIN M. SWANSON

06/30/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SWANSON, KEVIN
Address: 3054 PELICAN PLACE
City-St-Zip: CLEARWATER, FL 33762

Title: VSD () Delete
Name: SWANSON, GINA
Address: 3054 PELICAN PLACE
City-St-Zip: CLEARWATER, FL 33762

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SWANSON, KEVIN
Address: 2012 WEXFORD GREEN DR
City-St-Zip: VALRICO, FL 33594

Title: VSD (X) Change () Addition
Name: SWANSON, GINA
Address: 2012 WEXFORD GREEN DR
City-St-Zip: VALRICO, FL 33594

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KEVIN SWANSON

PD

06/30/2004

Electronic Signature of Signing Officer or Director

Date