## 2005 FOR PROFIT CORPORATION

## Mar 14, 2005 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # S11668 03-14-2005 90084 035 \*\*\*150.00 1. Entity Name MCSWAIN ENGINEERING, INC. Principal Place of Business Mailing Address 3320 MCLEMORE DR P.O. BOX 10847 PENSACOLA, FL 32514 PENSACOLA, FL 32524-0847 US 2. Principal Place of Business 3. Mailing Address P.O. Box 10888 Suite, Ant. #, etc. Suite, Apt. #, etc. 03082005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3036239 Pensacola, Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 32524-0888 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WELLS, V. KEITH Street Address (P.O. Box Number is Not Acceptable) 4300 BAYOU BLVD PENSACOLA, FL 32504 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PDV TITLE ☐ Delete TITLE ☐ Change Addition MCSWAIN, RICHARD H NAME NAME 1405 KINGS, ROAD STREET ADDRESS STREET ADDRESS CANTONMENT, FL 32533 CITY-ST-7IP CITY-ST-7IP STD ☐ Delete ☐ Chance ☐ Addition TITLE TITLE MCSWAIN, WANDA H NAME NAME STREET ADDRESS 1405 KINGS ROAD STREET ADDRESS CITY-ST-ZIP CANTONMENT, FL 32533 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE Change NAME STREET ADDRESS STREET ADDRESS

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12. I hereby certify that the information supplied with this filing does not qualify 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 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. Richard H. McSwain 3/8/05 850-484-0506 Daytime Phone #

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