

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V20483

1. Entity Name
SWAMPY ACRES ALLIGATOR LEATHER, INC.



**FILED
Jan 28, 2005 8:00 am
Secretary of State**

01-28-2005 90020 037 ***150.00

Principal Place of Business 122 KAROLA DR SEBRING, FL 33870	Mailing Address 122 KAROLA DR SEBRING, FL 33870
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2. Principal Place of Business 5108 Lafayette Ave.	3. Mailing Address P. O. Box 7714
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Sebring FL

City & State
Sebring FL

Zip **33875** Country **US**

Zip **33872** Country **US**

6. Name and Address of Current Registered Agent

FOSTER, JEAN
234 SWALLOW AVE
SEBRING, FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
NAME **GEIGER, KEN**
STREET ADDRESS **122 KAROLA DR**
CITY-ST-ZIP **SEBRING, FL**

TITLE **VD** Delete
NAME **GEIGER, LORRAINE**
STREET ADDRESS **122 KAROLA DR**
CITY-ST-ZIP **SEBRING, FL**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition
**5108 Lafayette Ave.
Sebring FL 33875**

Change Addition
**5108 Lafayette Ave.
Sebring FL 33875**

Change Addition

Change Addition

Change Addition

Change Addition

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.

**SIGNATURE: *Lorraine Geiger* 1-25-05 863
385-7995**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #