

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # V26998

1. Entity Name
SWIFT AGRI SALES, INC.



Principal Place of Business

5421 N.E. 25TH AVENUE
OCALA, FL 34479 US

Mailing Address

5421 N.E. 25TH AVENUE
OCALA, FL 34479 US



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3118330

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SWIFT, SHELLEY K
5511 N.E. 25 AVE.
OCALA, FL 34479

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

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
NAME	SWIFT, SHELLEY K
STREET ADDRESS	5511 N.E. 25 AVE.
CITY-ST-ZIP	OCALA, FL 34479
TITLE	V
NAME	SWIFT, RODNEY
STREET ADDRESS	5421 N.E. 25TH AVENUE
CITY-ST-ZIP	OCALA, FL 34479
TITLE	ST
NAME	SWIFT, BARBARA
STREET ADDRESS	5421 N.E. 25TH AVENUE
CITY-ST-ZIP	OCALA, FL 34479
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12/24/05-80001-004 150.00
000000195603
01/26/05-80035-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Barbara Swift **BARBARA SWIFT** 1-21-05 3526296014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #