

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # V45732
 1. Entity Name
SWANSON SALES, INC.



Principal Place of Business Mailing Address
6600 N.W. 14TH STREET STE 10 PLANTATION FL 33313 **6600 N.W. 14TH STREET STE 10 PLANTATION FL 33313**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0328439** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HOLLOWICKI, RICHARD J.
6600 N.W. 14TH ST.
STE 10
PLANTATION FL 33313

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)



8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.
 SIGNATURE Richard J. Holowicki
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent)

SORRY, I MISTAKENLY SIGNED ABOVE!
RJ Holowicki
 www.buildingproductsusa.com
NO CHANGES

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLOWICKI, RICHARD J. 6600 NW 14TH ST STE 10 PLANTATION FL 33313 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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11.	
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 02/11/05-80003-013 150.00

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: Richard J. Holowicki **RICHARD J. HOLLOWICKI, PRES.** 954-931-3960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #