

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000009453

**Entity Name:** SWAMPBOTS INC.

**Current Principal Place of Business:**

4915 NW 43RD ST  
GAINESVILLE, FL 32606

**Current Mailing Address:**

4915 NW 43RD ST  
GAINESVILLE, FL 32606 UN

**FEI Number:** 93-2762329

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SWEAT, JASON K  
4915 NW 43RD ST  
GAINESVILLE, FL 32606 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name SWEAT, JASON  
Address 4915 NW 43RD ST  
City-State-Zip: GAINESVILLE FL 32606

Title VP  
Name GILLINGHAM, BRUCE  
Address 25672 NW 173RD AVE  
City-State-Zip: HIGH SPRINGS FL 32643

Title TREA  
Name HOOSER, CARLA  
Address 24513 NW 160TH AVE  
City-State-Zip: HIGH SPRINGS FL 32643

Title MEM  
Name SANDERS, BEN  
Address 9857 NW 136TH DR  
City-State-Zip: ALACHUA FL 32615

Title MEM  
Name SANDERS, NICOLAS  
Address 9857 NW 136TH DR  
City-State-Zip: ALACHUA FL 32615

Title SECRETARY  
Name FARRIS, KIMBERLY  
Address 25709 NW 169TH LN  
City-State-Zip: HIGH SPRINGS FL 32643

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASON SWEAT

**PRESIDENT**

**05/01/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date