


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005462 1. Entity Name FE FLORIDA, INC.	
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Principal Place of Business 7 WEST SEVENTH STREET CINCINNATI, OH 45202	Mailing Address 7 WEST SEVENTH STREET CINCINNATI, OH 45202
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FILED
06 APR 19 AM 8:58
TALLAHASSEE, FLORIDA



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0307916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

300072758913
04/28/06--01035--006 **1800.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODERICK, DENNIS J 7 WEST SEVENTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOGUET, KAREN M 7 WEST SEVENTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MAYS, BRADLEY R 7 WEST SEVENTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAY, GARY J 7 WEST SEVENTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CARIAPPA, PADMA T 7 WEST SEVENTH STREET CINCINNATI, OH 45202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COX, JACK B 7 WEST SEVENTH STREET CINCINNATI, OH 45202

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jack B. Cox Jack B. Cox, Asst. Secretary 4/13/06 (513) 579-7311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #