


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000002123	
1. Entity Name FANAF SERVICES, INC VOLUNTARY EMPLOYEE BENEFIT ASSOCIATION	

Principal Place of Business 2814 HARDER OAKS AVENUE VALRICO, FL 33594	Mailing Address 2814 HARDER OAKS AVENUE VALRICO, FL 33594
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DO NOT WRITE IN THIS SPACE



03072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3434491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FERNANDEZ, FRANS 2814 HARDER OAKS AVENUE VALRICO, FL 33594	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, FRANS 2814 HARDER OAKS AVENUE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, NINA 2814 HARDER OAKS AVENUE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERNANDEZ, NORINE M 2814 HARDER OAKS AVENUE VALRICO, FL 33594
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/10/04-80073-021 70.00

**DO NOT WRITE
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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 617, 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: <i>Frans Fernandez</i> FRANS FERNANDEZ	7-MAR-2004	813 4933659
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>