

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Sep 15, 2006 8:00 am
Secretary of State

09-15-2006 90001 004 ***150.00

90104200



09012006 Chg-P CR2E034 (11/05)

DOCUMENT # P00000050430 1. Entity Name FAST PROCESS, INC.			
Principal Place of Business 4532 W. KENNEDY BOULEVARD SUITE 255 TAMPA, FL 33609		Mailing Address 4532 W. KENNEDY BOULEVARD SUITE 255 TAMPA, FL 33609	
2. Principal Place of Business <i>4532 W Kennedy Boulevard</i>		3. Mailing Address <i>4532 W Kennedy Boulevard</i>	
Suite, Apt. #, etc. <i>Suite 255</i>		Suite, Apt. #, etc. <i>Suite 255</i>	
City & State <i>TAMPA FL</i>		City & State <i>TAMPA FLORIDA</i>	
Zip <i>33609</i>		Zip <i>33609</i>	
County <i>Hillsborough</i>		County <i>Hillsborough</i>	
4. FEI Number 59-3652068		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 SEWARD, DONALD W 4532 W. KENNEDY BLVD SUITE 255 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name <i>DONALD W SEWARD</i> Street Address (P.O. Box Number is Not Acceptable) <i>4532 W KENNEDY BLVD</i> <i>Suite 255</i> City <i>TAMPA</i> FL Zip Code <i>33609</i>	
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 <i>[Signature]</i> DATE <i>9/13/06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SEWARD, DONALD 4532 W KENNEDY BLVD SUITE 255 TAMPA, FL 33609	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SELLERS, DIANA 4532 W KENNEDY BLVD SUITE 255 TAMPA, FL 33609	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowerments.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>9/13/06</i> 813 376 2843 <small>Daytime Phone #</small>	

ATTACHMENT



40104207

August 31, 2006

To Whom It May Concern:

I am in receipt of a letter that stated you did not receive my payment for corporation fees of \$150.00. I mailed the payment to your office April 15, 2006, attached is a copy of my ledger that shows the date we wrote the check and for what company. We checked with the bank and the check has not been presented as of today, so I am assuming the check was lost. Please accept the replacement check in the amount of \$150.00 that I have enclosed.

If there is a problem with this please call me immediately at 813.376.2893, so we can correct the problem.

Sincerely,

A handwritten signature in black ink, appearing to read "Donald W Seward".

Donald W Seward
President

Doc# P00000050430

10/10/06