


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90158 034 ***150.00

DOCUMENT # P06000011477

1. Entity Name
FATHEAD, INC.



Principal Place of Business
**2237 CAPE HEATHER CIRCLE
 CAPE CORAL, FL 33991**

Mailing Address
**PO BOX 60205
 FORT MYERS, FL 33906**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip
33991

Country

Zip
33906

Country



01182008 Chg-P CR2E034 (12/06)

4. FEI Number
20-4189861

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ROYSTON, ROBERT D JR ESQ
 12670 NEW BRITTANY BLVD STE 101
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent
 Name
JOHN M. WICKER, P.A.
 Street
12670 NEW BRITTANY BLVD., STE 101
FORT MYERS, FL 33907
 City
 ip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State or nonqualified jurisdiction with, and accept the obligations of registered agent.

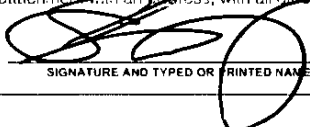
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPST HAAG, SHAUN 2237 CAPE HEATHER CIRCLE CAPE CORAL, FL 33991 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____