

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



FILED

08 SEP 26 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/08)

<b>DOCUMENT # P07000040677</b>					
1. Entity Name <b>FASTORAC CORP</b>					
Principal Place of Business 7253 KUMQUAT RD FORT MYERS FL 33967 US			Mailing Address 7253 KUMQUAT RD FORT MYERS FL 33967 US		
2. Principal Place of Business - No P.O. Box # <b>18238 ORIOLE RD</b> Suite, Apt. #, etc.		3. Mailing Address <b>18238 ORIOLE RD</b> Suite, Apt. #, etc.			
City & State <b>FORT MYERS FL</b>		City & State <b>FORT MYERS FL</b>		4. FEI Number <b>20-8799180</b>	
Zip <b>33967</b>		Country <b>US</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33967</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>STORAC, FREDDYS 7253 KUMQUAT RD FORT MYERS FL 33967</b>			7. Name and Address of New Registered Agent Name <b>FREDDYS ASTORAC</b> Street Address (P.O. Box Number is Not Acceptable) <b>18238 ORIOLE RD</b> City <b>FORT MYERS</b> FL Zip Code <b>33967</b>		
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 <b>09/22/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State</b>			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ASTORAC, FREDDYS</b>	NAME		<b>100136385061</b>	
STREET ADDRESS	<b>7253 KUMQUAT RD</b>	STREET ADDRESS		<b>09/26/08--01042--004 **158.75</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33916-7</b>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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:** DATE **9/22/08** 786-315-6766  
Signature and typed or printed name of signing officer or director Daytime Phone #

09/22/08