

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 06, 2008 8:00 am
Secretary of State

03-19-2008 90016 008 ***150.00
08-06-2008 90019 017 ***150.00

DOCUMENT # P07000060094 1. Entity Name FAY ENTERPRISES AND SERVICES, INC.					
Principal Place of Business 4000 NE 27 AVE LIGHTHOUSE POINT, FL 33064			Mailing Address 4000 NE 27 AVE LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 320204991	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent EGNER, THEODORE K 3067 E COMMERCIAL BLVD SUITE 203 FT LAUDERDALE, FL 33308	
Zip		Country		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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 of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable _____ 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	D FAY, ANDREW 4000 NE 27 AVE LIGHTHOUSE POINT, FL 33064 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FAY, SHARON 4000 NE 27 AVE LIGHTHOUSE POINT, FL 33064 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 empowered.					
SIGNATURE: <u>Sharon Fay</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sharon Fay			3-16-08 954-943-1785 Date Daytime Phone #		